

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

EDITORS.

WM. W. MORLAND, M.D.
FRANCIS MINOT, M.D.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

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HARVARD UNIVERSITY. MASSACHUSETTS MEDICAL COLLEGE.

THE Annual Course of the Medical Lectures of Harvard University will commence at the Massachusetts Medical College in North Grove St., Boston, on the first Wednesday of November, 1858. The regular course will be as follows:—

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D. HUMPHREYS STORER, *Dean of the Faculty,*

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* * * Circulars can be obtained gratis, upon application to David Clapp, Medical and Surgical Journal Office, over 184 Washington street, Boston.

August 26th, 1858.—tL

MEDICAL JOURNAL ADVERTISING SHEET.

COLLEGE OF PHYSICIANS AND SURGEONS, IN THE CITY OF NEW YORK.—The Fifty-second Session of the College will be opened on Monday, October 18, 1888, and continued until the second Thursday (10th) of March, 1889.

EDWARD DELAFIELD, M.D., President and Professor Emeritus of Obstetrics.

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Fees.—Matriculation fee, \$5. Fee for the full Course of Lectures, \$105. Graduation fee, \$25. Demonstrator's ticket, \$5.

The Fall Course will commence on Monday, 20th September, and continue until the opening of the Regular Course in October; this course will be free to the Matriculated Students of the College. There will be two Surgical and one Medical Cliniques, also a Clinique on Diseases of Females, every week, throughout the Fall and Winter Courses. Lectures will be given in the Fall Course, by Professors Watts, on the Anatomy of the Circulatory Apparatus; Gilman, on Diseases of the Uterus; Dalton, on the Physiology of the Cranial Nerves; St. John, on Meteorology as applied to Hygiene; and by Dr. F. I. Bumstead, on Venereal and Skin Diseases.

PRIZE THESES.—At the Annual Commencement in March, two Prizes will be awarded by the Faculty—one of Fifty Dollars and one of Twenty-five Dollars—for the two best Graduating Theses presented during the year. ROBERT WATTS, M.D.,
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July 22—1018

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JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics. J. V. P. QUACKENBUSH, *Reg't.*

Albany, April 29, 1888. ap 29—tf

GENEVA MEDICAL COLLEGE.—The Session of 1888-9 will begin on Wednesday, the 6th day of October, and continue sixteen weeks.

Faculty.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.

FREDERICK HYDE, M.D., Prof. of Principles and Practice of Surgery.

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LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

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Further information may be obtained by addressing J. TOWLER, *Dean of the Faculty.*

Sept. 2—1010

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March 19.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIX.

THURSDAY, OCTOBER 7, 1858.

No. 10.

"RATIONAL MEDICINE"—A REVIEW.*

[Communicated for the Boston Medical and Surgical Journal.]

THE Profession and the Public are under renewed obligations to Dr. Bigelow for the publication of this little volume. In it he advocates afresh those principles on which just ideas of the true mission and powers of the medical art must be forever founded, and vindicates a doctrine to which its followers in this vicinity have for some time past given the title of "Rational Medicine"—hoping themselves to merit in some reasonable measure the distinctive appellation of "Rational Physicians," in contradistinction to such as may pursue an artificial, heroic, expectant, homœopathic or any more narrow system of practice.

An early promoter of these principles, and for a quarter of a century their especial advocate, Dr. Bigelow, by various publications, and still more by the unmeasured influence of learning and experience, combined with strong common-sense philosophy, has held a salutary check upon medical assumption and credulity, and effected a marked change in the reasonings and general practice of physicians in this part of the country. It is not too much to say that to him more than all others is due the commanding respect which "Rational Medicine" is now receiving and is henceforth to receive on this side of the Atlantic, over the "extravagances of a so-called heroic and over-active practice on the one hand, and of a nugatory and ignorant practice on the other."

The publication before us seems to have been written as an introduction to a series of re-publications which Dr. Bigelow had proposed to issue under the general title of "Rational Medicine," but in which he was interrupted by the unforeseen appearance of a New York edition of Sir John Forbes's "Nature and Art in the Cure of Disease," which was to have formed the first volume of the series. It is therefore naturally dedicated to that gentleman, with a just tribute to the great service he has rendered the cause

* Brief Expositions of Rational Medicine, to which is prefixed the *Paradise of Doctors*, a fable. By Jacob Bigelow, M.D., late President of the Massachusetts Medical Society, Physician of the Massachusetts General Hospital, &c. Boston: Phillips, Sampson & Co., 13 Winter St. 1858. 12 mo., pp. 69.

in former times, and more especially by his recent "noble work" connected with the subject above named. After the dedication follows an allegory, read at the Annual Dinner of the Massachusetts Medical Society, entitled the "Paradise of Doctors," in which the past and present condition of medical matters is set forth in an entertaining manner, and with more truth, we fear, than fable.

In coming to the body of the publication from which it was the purpose of this article to make a few quotations, we find it almost impossible to make the selection, so important and truthful is every word and sentence throughout its invaluable pages.

"The methods which, at the present day, are most prevalent in civilized countries, in the treatment of disease, may be denominated the following:

"1. The *Artificial* method, which, when carried to excess, is commonly termed heroic, and which consists in reliance on artificial remedies, usually of an active character, in the expectation that they will of themselves remove diseases.

"2. The *Expectant* method. This consists simply in non-interference, leaving the chance of recovery to the powers of nature, uninfluenced by interpositions of art.

"3. The *Homœopathic* method. This is a counterfeit of the last, and consists in leaving the case to nature, while the patient is amused with nominal and nugatory remedies.

"4. The *Exclusive* method, which applies one remedy to all diseases, or to a majority of diseases. This head includes hydro-pathy, also the use of various mineral waters, electrical establishments, etc. Drugs newly introduced, and especially secret medicines, frequently boast this universality of application.

"5. The *Rational* method. This recognizes nature as the great agent in the cure of diseases, and employs art as an auxiliary, to be resorted to when useful or necessary, and avoided when prejudicial.

"The foregoing methods, with the exception perhaps of the last, have had their trial in various periods and countries, and have given rise to discussions and controversies which are not terminated at the present day.****Any person who will take the trouble to inspect the medical journals published thirty or forty years ago will find many things, then laid down as medical truths, which are now generally admitted to be medical errors." Pp. 27-28.

"The vulgar estimate of the powers of medicine is founded on the common acceptance of the name, that medicine is the art of curing diseases. A far more just definition would be, that medicine is the art of understanding diseases, and of curing or relieving them when possible. If this definition were accepted, and its truth generally understood by the profession and the public, a weight of superfluous responsibility on one side, and of dissatisfaction on the other, would be lifted from the shoulders of both. It is because physicians allow themselves to profess and vaunt

more power over disease than belongs to them, that their occasional short-comings are made a ground of reproach with the community, and of contention among themselves.

"It is now generally admitted by intelligent physicians that certain diseases, the number of which is not very great, are at once curable by medical means. It is also beginning to be admitted in this country that certain diseases are *self-limited*,—incurable now by art, yet susceptible of recovery under natural processes, both with and without the interference of art. Yet, so reluctant are physicians to acknowledge these universal truths, or to admit their own incompetency, that incurable and unmanageable diseases have been complacently called *opprobria medicinæ*, as if they were exceptions to a general rule." Pp. 29–31.

"The safe conduct of the sick, as will be seen from the last head, consists much more in cautionary guidance than in active interference. * * * * People sometimes suffer from neglect, but more frequently from ill-judged and meddlesome attention. * * * * Intelligent and discreet physicians are sometimes driven by the importunity of friends to the adoption of active measures, or at least the semblance of them, which their own judgment informs them would be better omitted. And the case is still worse when the impulsive temperament of the physician himself, or the influence of his early education, or the dominant fashion of the place in which he resides, is so exacting in regard to activity of treatment as to make him believe that he cannot *commit* too many inflictions upon the sick, provided that, in the end, he shall be satisfied that he has *omitted* nothing." Pp. 33–34.

"From the earliest ages a belief has prevailed that all human maladies are amenable to control from some form of purely medical treatment, and although the precise form has not yet been found, so far as most diseases are concerned, yet, at this day, it continues to be as laboriously and hopefully pursued, as was the elixir vitæ in the middle ages. Within the present century, books of practice gravely laid down "the indications of cure" as if they were things within the grasp of every practitioner. It was only necessary to subdue the inflammation, to expel the morbid matter, to regulate the secretions, to improve the nutrition, and to restore the strength, and the business was at once accomplished. What nature refused, or was inadequate to do, was expected to be achieved by the more prompt and vigorous interposition of art. The destructive tendencies of disease, and the supposed proneness to deterioration of nature herself, were opposed by copious and exhausting depletion, followed by the shadowy array of alteratives, deobstruents and tonics. Confinement by disease, which might have terminated in a few days, was protracted to weeks and months, because the importance of the case, as it was thought, required that the patient should be artificially 'taken down,' and then artificially 'built up.'

"When carried to its 'heroic' extent, artificial medicine undermined the strength, elicited new morbid manifestations, and left more disease than it took away. * * * A considerable amount of violent practice is still maintained by routine physicians, who, without going deeply into the true nature or exigencies of the case before them, assume the general ground that nothing is dangerous but neglect. * * * Consulting physicians frequently and painfully witness the gratuitous suffering, the continued nausea, the prostration of strength, the prevention of appetite, the stupefaction of the senses, and the wearisome days and nights, which would never have occurred had there been no such thing as officious medication. * * * If diseases proved fatal, or even if they were not jugulated or cut short at the outset, the misfortune was attributed to the circumstance of the remedies not being sufficiently active, or of the physician not being called in season. So great at one time, and that not long ago, was the ascendancy of heroic teachers and writers, that few medical men had the courage to incur the responsibility of omitting the active modes of treatment which were deemed indispensable to the safety of the patient." Pp. 35-38.

"I sincerely believe that the unbiassed opinion of most medical men of sound judgment and long experience is made up, that the amount of death and disaster in the world would be less, if all disease were left to itself, than it now is under the multiform reckless and contradictory modes of practice, good and bad, with which practitioners of adverse denominations carry on their differences at the expense of their patients." P. 41.

"It is to sincere and intelligent observers, and not to audacious charlatans, that we are to look as the ultimate lawgivers of medical science. Our present defect is not that we know too little, but that we profess too much. We regard it as a sort of humiliation to acknowledge that we cannot always cure diseases, forgetting that in many other sciences mankind have made no greater advances than ourselves, and are still upon the threshold of their respective structures. Medical assumption may well feel humbled by the most insignificant diseases of the human body. Take, for example, a common furunculus or boil. No physician can, by any internal treatment, produce it where it does not exist. No physician can, by any science, explain it, and say why it came on one limb and not upon another. No physician can, by any art, cure it after it has arrived at a certain height. No physician can, by any art, delay or retain it after it has passed the climax assigned to it by nature. And what is true in regard to a boil is equally true of common pneumonia, of typhoid fever, of acute rheumatism, of cholera, and many other diseases.

"In the present state of our knowledge the truth appears to be simply this: Certain diseases, of which the number is not very great, are curable, or have their cure promoted, by drugs, and by appliances which are strictly medicinal. Certain other

diseases, perhaps more numerous, are curable in like manner by means which are strictly regimenal, and consist in changes of place, occupation, diet, and habits of life. Another class of diseases are self-limited, and can neither be expelled from the body by artificial means, nor retained in the body after their natural period of duration has expired. Finally, a large class of diseases have proved incurable from the beginning of history to the present time, and under some one of these the most favored members of the human race must finally succumb; for even curable diseases become incurable when they have reached a certain stage, extent, or complication. * * *

"It is the part of rational medicine to study intelligently the nature, degree and tendency, of each existing case, and afterwards to act, or to forbear acting, as the exigencies of such case may require. To do all this wisely and efficiently, the practitioner must possess two things: first, sufficient knowledge to diagnosticate the disease; and, secondly, sufficient sense to make up a correct judgment on the course to be pursued." Pp. 48-50.

"Having already touched upon this subject, I have only to add, that if many of the troublesome appliances and severe exactions of modern practice were superseded by gentler, more soothing, and more natural means, a good would be done to the human race comparable to the conversion of swords into ploughshares." P. 54.

"It is the part of rational medicine to require evidence for what it admits and believes. The cumbrous fabric now called therapeutic science is, in a great measure, built up on the imperfect testimony of credulous, hasty, prejudiced, or incompetent witnesses. * * * *

"The enormous polypharmacy of modern times is an excrescence on science, unsupported by any evidence of necessity or fitness, and of which the more complicated formulas are so arbitrary and useless, that, if by any chance they should be forgotten, not one in a hundred of them would ever be re-invented. And as to the chronicles of cure of diseases that are not yet known to be curable, they are written, not in the pages of philosophic observers, but in the tomes of compilers, the aspirations of journalists, and the columns of advertisers.

"It is the part of rational medicine to enlighten the public and the profession in regard to the true powers of the healing art. The community require to be undeceived and re-educated, so far as to know what is true and trustworthy from what is gratuitous, unfounded and fallacious. And the profession themselves will proceed with confidence, self-approval and success, in proportion as they shall have informed mankind on these important subjects. The exaggerated impressions now prevalent in the world, in regard to the powers of medicine, serve only to keep the profession and the public in a false position, to encourage imposture, to augment the number of candidates struggling for employment, to bur-

den and disappoint the community already overtaxed, to lower the standard of professional character, and raise empirics to the level of honest and enlightened physicians." Pp. 55-57.

These liberal extracts will give an idea of the general scope and tendency of the work before us. It should be extensively read by the community at large, and thoroughly studied by every one who pretends to practise medicine in an enlarged and liberal spirit. And if every medical student were henceforth required to study its pages as a pre-requisite to receiving a degree, the Colleges would thereby confer a greater benefit on coming generations than by increasing the number of lectures on therapeutics or enlarging their cabinets of *materia medica*. In a word, the principles inculcated in this work must hereafter be the guide of every practitioner who, however "regular" he may be in other respects, would not lose all claim to the more distinctive and more honorable title of "Rational Physician."

B. E. C.

CASES OF SCARLATINA.

[Communicated for the Boston Medical and Surgical Journal.]

BY WALTER CHANNING, M.D.

CASE I.—A girl, aged 5 years, was seized with vomiting in the night, and soreness in the throat in the morning, of Friday. I found her, at an early visit, feverish, with noisy hoarse respiration, and a croup-like voice. Some swelling of the tonsils and diffused redness of the fauces were discovered, on examination. On Sunday, the whole skin was covered with scarlet rash. I have never seen this more pronounced. Very little constitutional disturbance existed. Food was earnestly demanded, and the strength was but slightly diminished. Convalescence began on Tuesday, and proceeded without interruption.

CASE II.—A sister, 8 years old, was attacked on the following Sunday evening with vomiting and diarrhœa. I found her in bed, with sore throat, hoarse, rough voice, and very pale skin. She has always been thin and pale, but very active, cheerful, of singularly happy temperament, of intellectual power far beyond her years, and among her young friends a great favorite. The deep interest in her at home was at once discovered by the anxiety which her illness produced. For two months she had been troubled with an obstruction of the nose, which obliged her to breathe through the mouth. This was a great annoyance during most of her illness; the fauces and whole mouth were constantly kept dry by breathing through the mouth, demanding drink for relief. Her pulse was quick, and somnolency was a prevailing state. She, however, was easily roused, and discovered a perfect clearness of mind, almost throughout her disease. She craved food, and relished the liquid farinaceous diet allowed her. Examination showed

redness of the fauces, but little swelling of the tonsils or neighboring parts. The scarlet eruption appeared on Wednesday. It was universal, but had none of the intenseness of color of the first case. There was, however, more restlessness, and general irritation of the skin. Inunction gave great relief, and was urgently demanded. Olive oil was used, and as freely as circumstances required. On the sixth day from the attack, there was remission of all the symptoms. The pulse, voice, state of skin, manner, all showed the change. She had never complained, always saying she felt very well, but to-day her whole appearance showed that an important change had occurred. I was quite willing to agree with her parents and other attendants that she was better. So great had been their anxiety, that her mother had not left her from the first day of her attack, not even to change her dress, or to go to bed, and the devotion of her father was as remarkable, he never leaving the house except on business which obliged him to be from home. But while I expressed pleasure at the apparent convalescence, I could not but say to them that I felt uneasy concerning the result; that uncertainty attached to every case of the disease, and that there had been from the first in this case something which I could not well define, which made me regard it with suspicion from the beginning, and I referred to the frequency of my visits to show what my feelings had been in regard to it. I had daily visited her, before sunrise, noon, and late in the evening.

On the seventh day of the attack, I found her very ill. She had been seized, since my last visit, with rheumatism, which had passed from joint to joint until every one was attacked. The head was fixed, and a slight swelling of a gland about mid-way on the right side of the neck had increased so as to extend from the angle of the jaw to the shoulder, and broadly behind and before. Œdematous swellings had occurred in the limbs beyond the rheumatic enlargements, and the whole face was swollen. The eruption had not disappeared, and now the irritation of the surface returned, making a case of suffering which I have rarely seen in the practice of a long life. Erysipelas next appeared upon the tumor of the neck, which soon extended beyond its hard boundaries. The appetite did not fail. The pulse was very rapid and thrilling. The heat was great. She took her food with evident pleasure. Swallowing was easy. The renal excretion was abundant, and from being turbid in the earlier days of the disease, had become clear, and of a natural color. The bowels were regular, or were readily moved by mild injections.

On the fourth day improvement again declared itself. The erythema disappeared. The swelling of the neck diminished. The rheumatic joints were less swollen, and the limbs could be moved. She bore well such motion as change of place in bed made necessary; and again it seemed possible that she might recover. But this state was of but short duration. Strength failed,

and delirium at night occurred. Accumulations of dense, transparent mucus took place in the throat, which it required more and more effort to dislodge, till on the sixteenth day of the disease she began to sink, and in the course of the day she died, suffocated.

Nothing has been said of the treatment in this case. It was regulated by circumstances. The indications were to support the strength, or to do nothing which might impair it; and to relieve suffering. The disease had its cause in a poison, and the result depended upon the force of the attack, the powers of the system to resist this, together with the aid which remedies might give to the constitutional powers of the patient.

CASE III.—A sister, aged about 3 years, was attacked on Monday, the day following that on which the second occurred. The disease came on with night-vomiting, with hoarseness of voice, but with no complaint of throat. Eruption followed promptly, and was as strongly marked as it was in the first case. She was fleshy, with good color, and of excellent constitution. She was hardly laid up, being in arms, or walking about the chamber, with excellent appetite. She was clamorous for food. No pain was complained of when swallowing, nor any physical discomfort whatever manifested. She recovered without any accident.

CASE IV.—Mr. —, the father of the above, aged about 35 years, was taken on the Saturday following. He was seized with vomiting and diarrhoea in the night, and had sore throat the following morning. He had been with his sick children constantly, and when absolutely obliged to go to bed, he remained on it but for a short time, and was up and watching again, day and night. His throat was exceedingly sore. He had no eruption, and was convalescent in about a week.

CASE V.—Miss —, a sister of the mother, aged 32 years, who had come to assist her, took her bed on the Thursday before Mr. —. Disease began with vomiting and diarrhoea, and pursued very much the course of that just reported. The soreness of the throat was exceedingly distressing, and universal malaise required her to keep her bed constantly for three or four days.

Mrs. —, mother of the children, also a servant woman, a female lodger, and a female friend who came to aid Mrs. —, all had sore throat; the last was so severe as to make it necessary for her to go home. The others kept about, not because it would not have been preferred by them to have gone to bed, but because of the demands made upon them by the severe illness and suffering around them, and which required constant attention.

The mortality in this family was not great, considering the suddenness and rapidity with which its members were attacked, and the severity of the first seizures. The throat gave little trouble in the children, in whom the eruption was so prompt, and declared; whereas, in the adults there was great suffering from the throat-

ail. The stomach was disturbed in almost all, and full precursory vomiting in five. It would seem, from the marked relief in the children, especially in the two first, which followed the eruption, which in these was so perfect, that the subsequent state was decidedly modified by it. This was almost as striking in the fatal case as in her sisters. In these last, however, the complications of the disease, or its sequelæ, did not happen, and recovery was rapid and complete.

I well remember a family of five children, who had scarlatina at or nearly the same time. Two were seized on the same day. They were struck down together, as if by cholera. Reaction appeared in neither of them. I found them pale, cold, unconscious, and almost pulseless. So they continued till their sudden death; and they were buried together. In the third, the disease showed itself in the throat, and on the skin, but death occurred not long after the seizure. In the fourth, chronic disease followed, and death some weeks after the attack. The eldest, a boy, survived.

From the comparative mildness of the disease, in the adults, in Mr. —'s family, the inference was that they had had scarlatina before, and that this had modified the present attack in them. All its symptoms, save eruption, were present. Something of the same kind is observed in smallpox hospitals. In these, the nurses, and sometimes the physicians, are seized with some of the symptoms, and this, too, when they have not only had cowpox, but variola itself. In these cases, I am told, the skin shows the disease; some slight eruption following its formative stage, or that of access. These facts bring strongly before us the question if something might not be done to produce the modified form of this disease, which occurs in those who have had it before? Prophylactics, so called, and those too which have some fame, as belladonna, can hardly be relied on. Compare the recent cases reported in this paper, with those which occurred under my own care some years ago, in another family, and were so fatal, and say, what could have prevented the same fatal progress in the latter. These inmates were all poisoned at the same time, and the difference there was between the attacks may be referred safely to some condition of the subjects. Except in the fatal instance, all were fairly convalescent one week from the day of the attack, and death occurred in the fatal one on the sixteenth day from invasion. This case brought to my mind that of a nephew, who had scarlatina several years ago so severely as to leave no hope of recovery. He had all the sequelæ, too—namely, erysipelas, rheumatism, anasarca, ascites, the whole—and recovered after many months' illness, but was long liable to attacks of rheumatism, which made him a great sufferer. Pneumonia, also, became a severe and dangerous trouble to him, so that for several years he has given up animal food, and has had excellent health since.

Between four and five hundred deaths from scarlatina occurred

in Boston the last year, making above a tenth of the whole mortality. Few facts can more strongly teach the importance of a prophylactic. I believe it has been attempted to produce measles by inoculation, with what results I do not remember. Why not attempt the prevention of scarlatina by like means? We know not why inoculation is, as a rule, safe in variola, the deaths being almost as nothing to the recoveries, when compared with those which follow natural smallpox. Why may we not, it has been asked, look to the same results from inoculated scarlatina, if such a thing be possible.

I said that, notwithstanding the favorable changes more than once observed in the fatal case, anxiety about the result was never absent from me. It is not easy, at least with me, to explain this fact in my prognosis in a grave disease. My visits were frequent in this case, and once this was referred to by me to the parents, as it might lead them to think that I supposed danger existed, even when things seemed so favorable as reported. It is common with me to be hopeful, when to others there may seem no hope. Diagnosis is rapid. What a case is, or what it is to me, follows very soon upon its examination, and the knowledge thus obtained remains until new revelations are made, or other examinations modify the teachings of the first. Prognosis gets its character from this mode of investigating or regarding disease. It is not from the apparent severity of symptoms that I prognosticate unfavorable results, for in the presence of the severest I often feel an assurance that recovery will happen. In other words, the weight of disease or the amount of danger is not measured alone by existing symptoms. Consultations in midwifery may have done something to produce this intellectual habit. We are called to these when danger is supposed to be imminent, or that it is no longer safe to leave the case as it is. Something may be recommended or done which in a short time gives an entire new aspect to the case, and recovery follows. Again, we are called when danger is not apprehended, but we see at once, almost intuitively, that recovery is impossible. Is it not an intuition? And is it not by the same intellectual process that we reach similar results in other departments of medicine?

The house in which these cases occurred is in one of the most elevated parts of the city, and is well ventilated and drained. I have since heard of two other families in the neighborhood, in which scarlatina had appeared, in one about the same time as I was attending the cases reported. Three children were then ill. The other house was further than this from my cases, and five children were attacked. I have not learned what has been the result in any of these instances. Is scarlatina contagious? Or is it the product of epidemic constitution, whatever that may be? The popular belief is that it is contagious. Some physicians have the same opinion. A young man came from another town to visit the

family in which the cases in this paper appeared. Scarlatina of a very severe character was in the family he left. He came between eight and ten days before the first of the above cases occurred. Did he bring the disease into this family? Scarlatina was epidemic at the time here. It was over the whole city, and country, and had been so for a long time. It existed in families quite near to that in which the above cases occurred. Was not the invasion, after the arrival of the young man, a mere coincidence, rather than an effect? But the time between his arrival, and the invasion, was the usual period of incubation of the disease in cases of strangers coming unprotected into an epidemic atmospheric constitution. Yes. But why is not a whole people attacked at the same time? In this very family the attacks were not simultaneous; and yet they occurred too near each other to suppose they had been poisoned by the first case. The cause reached to the whole family. Its effects were various, and doubtless depended upon circumstances about which we may speculate, but probably without reaching any satisfactory conclusion.

A few days ago I was present, with other physicians, at an operation done for the relief, if not the cure, of apparently a very dangerous surgical disease. A question of prognosis occurred, and in my answer I said I thought Miss — would recover. There was present our friend Dr. J. B. S. Jackson, whose strong and enlightened zeal in medicine we all know. Said he to my remark, "I remember, when house physician in the Massachusetts General Hospital, during your service, a very, very unpromising case of typhoid was under treatment. A student asked if the patient would not die. 'No,' said you, '*he is too sick to die.*' The man recovered." This allusion to the relation between Dr. J. and myself was made by him some time after the cases of scarlatina. The above remark on prognosis has been doubtless made by others, and in the severest, apparently the most hopeless cases. Whence comes the strong feeling of eventual recovery in some of these, will probably be explained with difficulty by physicians who have experienced it.

W. C.

THE INDIVIDUAL RIGHTS OF PHYSICIANS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The reply of your correspondent, W. E. C., does not seem to call for a rejoinder on my part, inasmuch as he waives the question at issue, and confines himself to trivial personalities. But to your readers I would say, that my object was not to defend Dr. Morton nor Dr. Davis; nor was it to open the ether controversy. It was to protest against the growing tendency now manifest, to sink the individual in the profession; a

tendency to regard the medical practitioner as a fractional part of some great medical organization, some thousandth part of the M.M.S., or some ten thousandth of the A.M.A., instead of an integer, a personal agent with rights, obligations, and duties of his own. In my own view, the duty of such associations to respect the rights of members, and to maintain them, runs parallel with their claim on members for support. No man can justly be required, in joining such an association, to give up any of those rights which belong to him as a citizen. The products of his mental and bodily labor belong to the physician, as much as to any other man, and any organization that assumes to deprive him of them, and vest them in itself, commits an usurpation. And if it aim to coerce by the pressure of a powerful sympathetic feeling and manufactured opinion, it becomes tyrannical. If any one doubt the existence of the tendency alluded to, let him read the report of Dr. J. B. Flint, on "Government Patronage," before the American Medical Association at the annual meeting for 1856, where he will find that it has had full vent and free expression. B. H.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

SEPT. 13th.—*Supra-Condylloid Process of the Humerus.* Dr. HODGES exhibited two specimens of the "Supra-Condylloid process" of the humerus, obtained from the dissecting room, and also the supra-condylloid foramen in a humerus of a cat. This process was first described by Dr. Knox, of Edinburgh, in 1847, for although Tiedemann in his *Tabulae Arteriarum* (1822), figures it in connection with an arterial anomaly, and speaks of it as "an unusual excrescence of the humerus," he does not appear to have appreciated its importance. This was first made known by the careful observations of John Struthers of Edinburgh, and published in an elaborate article, remarkable in many respects, entitled "on some points in the abnormal anatomy of the arm," contained in Nos. XXVI. and XXVII. of the *British and Foreign Medico-Chirurgical Review* (1854), from which the following account of this process was derived by Dr. H., and with which the specimens shown by him accurately coincided.

The supra-condylloid process is a more or less hook-shaped process, which is occasionally developed on the inner surface of the humerus, two inches above the internal condyle. A ligament is continued from it to near the condyle, completing an arch through which the median nerve and brachial artery pass, after deviating from their usual course; the whole forming an arrangement analogous to that which obtains in many animals, in the passage of the nerve and artery through an opening in the humerus, in the same situation, called the supra-condylloid foramen.

The situation of the process is remarkably constant, and it varies in length from a tenth to three quarters of an inch, projecting away from

the bone, forward, downward and inward; it is flattened from before backward, tapers to a blunt point, and if prolonged for an inch would form an arch of bone joining the ridge half an inch above the condyle.

In 9 out of 16 instances examined by Struthers, the undivided brachial artery deviated and passed round the process; in 4 there was a high division, one of the arteries keeping normally along the biceps, the other deviating, to pass round the process; in Tiedemann's case the deviating vessel was a high interosseous. In 3 cases there was no deviation of the artery, though the process was present. In every case where there was a process, whether short or long, and the median nerve was examined, it deviated to pass under the process lying internal to the artery, whilst in three of these instances the artery did not deviate with it. This points to the inference that the supra-condyloid foramen is provided not so much for the artery as is commonly supposed, but principally for the nerve. It may be compared in this respect to the supra-scapular notch which always transmits the nerve, while the artery passes over the ligament and only occasionally under it with the nerve. A high origin of the pronator radii teres muscle appears to be frequently if not generally present where the supra-condyloid process exists. The artery may also deviate in the manner above described, independent of the existence of a supra-condyloid process, as in four cases described and figured by Mr. Quain, and in each of which the median nerve followed the artery.

The process may be felt during life, and then becomes practically important as an index to the position of the artery. The artery leaves the biceps near the insertion of the coraco-brachialis, and passes down with the median nerve along the internal intermuscular septum to reach the concavity of the process, around which it turns, and as at this point it lies three-fourths of an inch from the inner edge of the biceps, the ordinary incision along the border of that muscle would scarcely enable the surgeon to place a ligature around it.

The supra-condyloid foramen is found among the Quadramana, Rodantia, Edentata, Marsupialia, and more frequently among the Carnivora. The foramen and the process occupy the same proportional situation. The arch by which the foramen is at length completed grows, as a process, from above downward. It is developed from the shaft and again unites with the shaft below, and is completed altogether independent of the epiphyses of the lower end of the bone; it thus resembles during its early stages the supra-condyloid process in the human arm. In the arm of an adult cat, Struthers found the arch represented by a ligament only, which both above and below formed a short spiculum of bone.

Although there is no doubt that this foramen affords protection to the parts which it transmits, it is not understood precisely in what manner it does so in the animals in which it exists, nor why they, more than some others, require such an arrangement for the protection of the artery and nerve.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.

BY E. A. CRANE, M.D., SECRETARY.

APRIL 5th.—*Avulsion of Finger, followed by Gangrene.* Dr. COLLINS having exhibited to the Association several morbid growths, recently extirpated, called the attention of the members to a left index finger, with its accompanying flexor tendons, torn off from the hand on the

12th of January. The patient was 54 years of age, and of an unsound constitution. After some days, gangrene ensued, commencing upon the little finger, affecting the fingers and hand generally, and accompanied by suppuration, and the burrowing of matter among the tendons of the forearm, dissecting all the muscles, and denuding the bones of their periosteum. Free incisions were made into the swollen and infiltrated tissues, but were followed by only temporary relief. The patient became delirious, and began to exhibit decided symptoms of constitutional irritation, when, in consultation with Dr. Miller, amputation was resolved upon on the 31st. It is now sixty-four days since the operation, and the wound has nearly healed. The general health of the patient is much better than at the time of the accident. Some of the ligatures are still undetached.

Cases were mentioned by members in which the ligatures had remained ninety-four, one hundred and eighteen, one hundred and twenty-two days; to obviate which, moderate traction and twisting of the ligatures were recommended after the first fortnight.

Vetiligo.—Dr. BAKER gave the case of a negress who had, since her twelfth year, noticed the appearance of white spots upon her body. These had been gradually enlarging and coalescing. The affection is recognized as albinism or vitiligo.

Dr. PIERCE remarked, that although in the present case the disease appeared to be accidental in its origin, yet it was an interesting fact that, as a general rule, albinism occurred in the negro as a congenital defect.

JUNE 7th.—*Aneurism of the Aorta*. Dr. ELY gave the history of a man—a blacksmith, 40 years of age—who came to the Dexter Asylum about the middle of May. The most striking symptoms in the case were oedema and dyspnœa. The enlargement of the neck and face was immense, so much so, that the nose was buried in the surrounding tissues and the features of the face livid, congested, and completely obliterated. The arms also were somewhat enlarged—especially the right arm. The difficulty of breathing was so great that he was wholly unable to lie down. Pulse 96, small and weak. There was dulness over the right lung, with a murmur at the top of the sternum. The patient had continued to work at his trade, more or less, until a few days previous to his admission to the Asylum. He had been unwell, however, some five or six months, dating from a fall from a horse, when he had received injuries which were not regarded at the time as serious. Dr. E. considered the case as one probably of aneurism. The dyspnœa increasing, the patient died by apnœa, a few days after his admission.

At the autopsy, upon laying open the thorax, an enormous aneurism of the arch of the aorta was discovered, of that variety known as fusiform, or tubular, which, by pressing upon the descending cava, had produced the venous congestion and effusion which had been so strikingly apparent. The arch of the aorta is peculiarly liable to this form of aneurism. Dr. E. produced the heart, aorta, &c., which he had removed, and demonstrated to the Association their anatomical relations.

Urinary Calculus, without Symptoms.—Dr. E. also exhibited an urinary calculus, removed from a man 83 years of age, who had died of senile gangrene, having had no symptoms referrible to calculus—the discovery of the specimen being entirely accidental. A large cyst

had been developed upon the right wall of the bladder, within which the stone was found, and which, filled with urine, was at first mistaken for the bladder, but was afterward found to communicate with it by a small opening. The bladder—with its cyst—was here exhibited to the Association. The calculus was supposed to be composed of triple phosphate, but had not been analyzed. Its size, its beautiful oval form, and the crystalline brilliancy of its surface, caused it to be greatly admired.

Bibliographical Notices.

On Medicine and Medical Education; Three Lectures, with Notes and an Appendix. By W. T. GAIRDNER, M.D., Fellow of the Royal College of Physicians, and Lecturer on the Practice of Physic, Edinburgh. Edinburgh: Sutherland & Knox. London: Simpkin, Marshall & Co. 1858. Pp. 130.

THE author of this little volume is well known as a skilful physician, an accomplished scholar, an elegant writer, and a fearless enunciator of truth. The profession here, as well as in his own country, is deeply indebted to him for the excellent things he has said in its behalf, and in the cause of medical science generally. Everything from his pen which it has been our good fortune to see and peruse, has yielded us unmixed satisfaction. The present little work forms no exception to the latter remark.

An "Introductory Address delivered at the opening of the Medical Session, 1856," in Edinburgh, begins the volume. Next, there is an admirable paper, "read before the Scottish Educational Institute," in April, 1856; then comes "an Introductory Lecture to a course of Practice of Physic," the subject of which is the Study of Medicine as an Art. Following this, we find full "Notes on the Preceding Lecture"—comprising sketches of that "Triad of System-Builders," Paracelsus, Brown, and Hahnemann. These notes are exceedingly interesting, and constitute no small portion of the intrinsic value of the volume. We would that they might be widely and attentively read, and their facts well pondered by the members of every community, as well as by the profession.

An Appendix, consisting of remarks relating to "Sessional Examinations in Medical Study," concludes the work—which may be pronounced an instance of "*multum in parvo*."

Dr. Gairdner, in the above-mentioned Appendix, very rightly insists upon the value, to the student, of the so-called Sessional Examinations. By the latter term he means "an investigation at the close of each winter and summer session, as to the manner in which the work of that particular session has been done." Whilst the management the author proposes is peculiarly suited to the meridian of his own city and country, there is much in it which might well be taken advantage of by us on this side of the water. One salient point in Dr. Gairdner's Appendix, is his condemnation of the long stereotyped surfeit of mere *Lectures*, at the expense, to the student, of that practical knowledge which he might very appropriately and easily acquire. The balance is nowhere, it strikes us, well and truly struck in this respect. To crowd the brains of students with mere words—a task of the memory

only—does not make efficient learners of them, nor lay the foundation for their excellence as practitioners. Dr. Gairdner says:—

“Let us suppose a conscientious and pains-taking student, who is going laboriously through his curriculum, as many do, at the rate of four or five lectures a day, with two or three hours in the dissecting-room and hospital. From nine in the morning till four in the afternoon, or from ten till five, his attention is thus more or less constantly kept on the stretch; and as he has reading to do at night also, he very soon finds that (unless he falls asleep at lecture) human nature cannot bear so protracted a trial. Now he cannot omit one of his systematic lectures without the risk of missing a roll-call; nor can he fail to be present at the clinical lecture twice a week without the chance of a similar penalty. He must also, to satisfy the regulations, have done something toward saving appearances in the dissection of the human body; that is, he must have taken a part, and have at least removed the skin, and exposed the muscles. But as regards attendance at the hospital visit, and as regards real effective work in the dissecting-room, the regulations leave him as free as the air. What can follow from this, but that he will give his personal presence where it is absolutely required, and will use the direct observation of structure and disease as a sort of *ad libitum* addition to his studies, a matter placed at his own discretion to fill up his spare time and exhaust his superfluous energies?”

A little larger proportion of *true clinical instruction* is what is demanded; and we are happy to know that this is more and more coming into play amongst us, through the persevering and enlightened efforts of our public and private teachers.

In the address entitled “On the Medical Art in connection with Education,” the author enunciates many wholesome truths relative to the wrong views persistently entertained by the public upon the Art of Medicine and the duties of its practitioners. The strong determination of people in general to have “something done” for every ailment, is a powerful clog to the progress of rational medicine. It is a strong temptation to the physician to use the potent enginery at his command; lest by acting only in his true capacity, as Nature’s sentinel, he lose the confidence of his misjudging patients and consequently materially diminish his own income. To use again Dr. Gairdner’s language:

“All this might be avoided if people could only be made aware that the real value of medical services is generally in the inverse ratio of their pretension and self-assertion. For the cure of diseases belongs in general, not to the physician, nor to any earthly power, but to the supreme Artificer, who rules all the action of the bodily machine for life or death, for health or sickness. The physician stands by, the earnest watcher of Nature’s process; he removes whatever of external hindrance is in the way, and endeavors by simple, mostly palliative remedies, by regulated diet, by attention to sleep and waking, and to the due performance of all the physiological functions, to rescue the patient from those dangers to which he would inevitably expose himself when unassisted, and when suffering under the vitiated tastes and feelings that accompany disease. He relieves, moreover, the troubled mind of undue anxiety, and, on the other hand, is careful to direct the fool-hardy and thoughtless sufferer by the path which nature points out to him; he guards the man wrapped up in the daily toils and unhealthy drudgery of life against the injury to which his anxiety for his family, or his avarice for himself, are exposing him; he steels the over-excited nerves of the hypochondriac or hysteric by wholesome medicine for the soul as well as the body; he preaches a solemn warning to the unhappy voluptuary, by holding up before his view the precipice which he is approaching; he foresees the end, whether for good or evil, and prepares for it by counsels of hope, tempered with caution, or of resignation without despair. And even when in the discharge of his duty he has foretold the inevitable fate, when he knows that the irreparably dam-

aged organs are incapable of supporting much longer the fluttering pulses, and feeding the smouldering fire of life, the skilful and humane practitioner will take care to cherish and turn to the best account the small and frail remainder of those mysterious powers which are soon and surely to be returned to their Giver."

It is, in our days, an imperative necessity that the community be rightly instructed as to the province of the physician, and made to understand that in the conscientious performance of his duties, lies the only security for the welfare of his patients.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 7, 1853.

THE PERILS OF CRINOLINE.

WE are persuaded that the community, and particularly its fairer portion, is not so unmindful of our disinterested efforts to benefit its physical, mental and moral condition as to be oblivious of our cautions and disquisitions upon the hygiene of dress—and which, of late, we have discontinued, not wishing to harass mankind with more than they constantly have to endure, nor to burden woman-kind with anything additional to what they already carry. But we have lately had a query addressed to us—and by an anxious patient, too—whose fears have been awakened by a paragraph which flashed upon her from the columns of a newspaper. Tremendous responsibility, that of editors—too little thought of, we fear, by the dailies, and not over much reflected upon by the weeklies, monthlies and quarterlies! Not only ought an editor to be held, in some degree at least, accountable for the advertisements which appear in his journal, but more care and discrimination should be exercised in deciding upon the admission of the various articles, anecdotes, comments and criticisms which fill the other portions of his sheet. But to our communication. The scrap was sent to us without any statement from what paper it was taken—but with a request to consider and report upon its assertions. Having considered, we will report—so far as in us lies. First, let us transfer the paragraph to our pages—here it is:

"The Princess of Gotland's physician has just made a revelation which will perhaps cause ladies to reflect on the present hoop skirt fashion, which is so prevalent. The doctor, reputed very skilful in all Germany, pretends that it is the use of crinoline which, in these latter times, has rendered accouchement so dangerous and difficult. He adds that this execrable fashion causes great chillness, the result of which is always fatal. It appears that in Switzerland, crinoline has made, if the physician in question is to be credited, as sad ravages as the cholera."

In our previous articles dedicated to hoops, we distinctly warned those who wore them, never to go to excess, but in these, as in all their surroundings, to be moderate and modest. Especially, also, did we insist upon the danger of "taking cold," which a too inflated style of skirts must always subject ladies to, especially in the autumn, winter and early spring—and at any season, when the ground is damp

and the wind strong; with a tendency to elevation, in itself and whatever it encounters. We cannot say that our advice has met with that attention which should be accorded to practitioners in medicine of many years' standing, and whose word ought to be—regarded. The volume of the feminine skirt, it strikes us, is, if anything, on the increase; and the catastrophe to which we some time since feelingly (as we thought) alluded, is of even more frequent occurrence than it was at that time. We refer to the fact that the ladies of the present day do, at almost every step, cause their lords and masters to occupy the gutter! To think that the very beings who should be the first and most persevering in their efforts to keep men out of that disreputable locality, are now the most pertinacious in putting them into it! As to circumventing a woman in the present "full rig," it is impossible—neither can we circumnavigate even one such craft. Without circumlocution, then, it appears that male bipeds, old, middle-aged and young, must take to the street when they are on urgent business, and certainly that must be the next thing to "taking to the road" for a living. At all events, it is disagreeable—especially when the street is muddy, either in consequence of rain or from the over-abundant sprinkling of water-carts.

With reference to the grave question arising from consideration of the paragraph above quoted, whilst we are ready to accord all respect to the Princess of Gotland's physician, and, in all earnestness, to deprecate the *ballooner*y of the present day (we don't mean the *little red balloons*, of which our streets are full), we do not exactly see that a lady in a delicate situation is certain to have a difficult confinement because she is *outrée* as to skirts; unless she is so devoted to the promenade that she is to be found there within a very short time of her *accouchement*, when, indeed, if very highly inflated, and if the weather be cold or damp, dangerous consequences might ensue. Seriously, too much cannot be said to induce ladies to protect themselves sufficiently, in so changeable a climate as our own. Whilst in mid-summer (in average seasons we mean—not this year) the intense heat allows expansive skirts and gossamer textures, the circumference of the former should diminish in the exact ratio in which it is found necessary to increase the thickness of the latter. In winter, at least, in this part of the world, we would banish the hoop and such other appliances as expose the person too freely to cold and dampness.

Any exposure encountered by a woman who is *enceinte*, and especially if near her time, is alike foolish and wicked. A "chillness," whether before or after that interesting epoch, is greatly to be dreaded. And not only to ladies so responsibly situated, but to the whole sex, we deem it proper to suggest the wisdom of diminishing their circumferences, on the score of prudence, economy, propriety, becoming appearance, justice to the opposite sex (for whom sidewalks were also intended), as well as in consideration of the hopes of posterity and the anxieties of physicians.

If anything more is needed to enforce our warnings and induce the daughters of Eve to follow our advice, let the following extract, which we take from a late number of the *Boston Transcript*, suffice:

"A LADY FINED FOR WEARING CRINOLINE.—The *Independence Belge* states that a young lady, living in Hanover, has been sentenced by a court of that town to pay a fine of two francs, 'for' having worn a

dress which, occupying the whole breadth of the pavement, is an obstruction to the public way.'"

We incline to the belief, however, that the majority of the sex would pay a much weightier fine, rather than diminish their excessive surroundings. And now, let no one hereafter presume to accuse us of not setting forth, in clear and decided terms, THE PERILS OF CRINOLINE.

CHLOROFORM IN ENGLAND.

MESSRS. EDITORS,—In the issues of the *Lancet* for Sept. 11th and 18th, allusions are made to four recent cases of death from the use of chloroform; one occurring at Dorking, another at Epsom, a third at Ewell, and the fourth reported in the *Northampton Herald*.

The editor of the *Lancet* says that "chloroform administered on a napkin is a dangerous and uncontrollable agent; administered through Snow's apparatus it is robbed of half its danger." What the whole is, appears in another part of the same journal, where it is stated that "only three fatal cases are known to have occurred with this apparatus." A "Neighboring Surgeon" says that the Dorking sufferer was a "fine young woman," who, with the consent of her physician, inhaled chloroform to have a tooth extracted. "The tooth was extracted, and the patient sunk back dead." The surgeon goes on to say, "we must do the operator the credit of saying that he displayed great presence of mind in despatching messengers for medical assistance when the unfortunate event had happened." (Sic.) H.

Operation of Rhinoplasty in the Island of Madagascar.—A French physician, Dr. Milhet-Fontarabie, during a journey in the country of the Hovas, in the Island of Madagascar, has performed the operation of rhinoplasty on the prime minister of the Queen. The patient had suffered destruction of the nose, the soft palate, and part of the hard palate, besides being affected with other consequences of tertiary syphilis. After being placed under a course of iodide of potassium, by which his general health was greatly benefited, a new nose was made, in the usual way, and with complete success, greatly to the admiration of the Queen of the Hovas, Ranavalona, and of the principal part of her court, all of whom witnessed the operation.

Four Children at one Birth.—At Rorebaix, in France, the wife of M. Henri Castelain lately gave birth to a boy and three girls at one time. They were all living, and perfectly formed, but died in a few days.

Alkaline Treatment in Glucosuria.—We notice, in the *Union Médicale*, reports of five cases of diabetes cured, or much benefited, by the use of the mineral waters of Pouges, in France (which contain the carbonates of soda, lime and magnesia), under the care of Dr. DeCrozant. He considers the affection to result most frequently from disease of the liver, which opposes the passage of the glucose derived from the starch in the food, causing it to be taken up by the supplementary abdominal circulation, which conveys it to the kidneys.

Deaths from Sunstroke.—According to the Registrar-General's return, four persons died in London (Eng.) from sunstroke between the 15th of June and 3d of July of the present year.

Creasote in Paronychia.—Dr. E. Sanborn, of Andover, in a note to us, recommends with great confidence the application of a single drop of creasote to that form of paronychia consisting of ulceration about the root of the nail, accompanied with purulent secretion, and sometimes ending in destruction of the matrix. He states that the disease often occurs in the hoofs of sheep, much to the disadvantage of wool growers.

A Remedy for Gout.—Dr. Belli states, in the *Gazzetta Medica di Toscana*, that he has for many years succeeded in curing gout in the following manner. He gives, for two or three days every fortnight, or at the first symptoms of a fit, a purgative composed of from ten drachms to an ounce of Epsom salts, twenty-four grains of nitrate of potash, and about one grain and a half of sulphate of iron, the whole dissolved in a pint and a half of water. With weak subjects, the purgative is given only every other day. The fourth part of the whole solution is given every successive half hour, with a few cups of light broth, or an infusion of althæa officinalis, tea, or camomile. An excellent adjuvant to this method is the juice of the wild chicory, of which three ounces should be taken every morning, fasting, during the greater part of the year, or the whole twelve months. A decoction of the root of the same plant may be substituted, and either should be sweetened with an ounce of wild strawberry syrup. (It is a pity Dr. Belli says nothing of diet.)—*London Lancet*.

Corns cured by the Tincture of Iodine.—Drs. Varges and Wager state, in the *Zeitung für Med. und Chir.*, that painting inveterate corns with tincture of iodine three or four times a day with a camel's-hair brush will remove them in a very short time. When the corns are situated between the toes, the tincture should be mixed with glycerine, and the resulting fluid be spread on some German tinder, which latter is then placed between the toes.—*Idem*.

Statistics of Lithotrixy.—Dr. Swalin, of Stockholm, has lately published a pamphlet giving the results of 61 cases of calculus, observed by him between 1840 and 1855. Of these, 8 were not operated on; 4 were submitted to lithotomy, and 49 to lithotrixy. The ages of the latter were, 1 between 10 and 20; 4 between 40 and 50; 14 between 50 and 60; 26 between 60 and 70, and 4 between 70 and 80. Seven deaths occurred, giving a mortality of exactly 1 in 7.—*Medical Times and Gazette*.

Life in the Punjab.—From 1851 to 1854 inclusive, no less than 743 children were killed, and 137 injured, by wolves, leopards and bears. During the same period, 918 wolves, 90 leopards, and 14 bears have been destroyed. The Judicial Commissioner expresses his conviction that the above returns do not represent the actual extent of the evil.—*Lahore Chronicle*.

Health of the City.—The total number of deaths for the past week was 81, being one more than for the preceding week, and much below that for the corresponding week of last year. Of these, 4 were the result of violent causes. The deaths from cholera infantum were 14, the same as at the last report. There were 6 deaths from dysentery, and 6 from "dropsy in the head." Of the total number, 39 were subjects under 5 years of age. The number of deaths for the corresponding week of 1857 was 106, of which 16 were from consumption, 11 from pneumonia, 13 from cholera infantum, 6 from dysentery.

Communications Received.—Caustic Potash as an application to the interior of the Uterus.

Books and Pamphlets Received.—Diseases of the Urinary Organs; a Compendium of their Diagnosis, Pathology and Treatment. By William Wallace Morland, M.D., &c. (From the Publishers.)—Etudes sur la Monorchidie et la Cryptorchidie chez l'homme. Par M. Ernest Godard. (From the Author.)—Brief Expositions of Rational Medicine, to which is prefixed the Paradise of Doctors, a Fable. By Jacob Bigelow, M.D., &c. (From the author.)—Visiting List for 1859. (From the publishers.)

MARRIED,—At Holyoke, 27th ult., Dr. W. H. Andrews, of Adams, to Miss Jennie M. Goodnow.

Deaths in Boston for the week ending Saturday noon, October 21, 81. Males, 33—Females, 48.—Accident, 2—apoplexy, 1—inflammation of the brain, 1—cancer, 2—consumption, 19—convulsions, 3—cholera infantum, 14—dysentery, 6—dropsy in the head, 6—infantile diseases, 2—puerperal, 2—erysipelas, 1—typhoid fever, 1—homicide, 1—disease of the heart, 3—inflammation of the lungs, 2—congestion of the lungs, 1—disease of the liver, 1—marasmus, 4—palsy, 2—poison (accidental), 1—teething, 3—thrush, 1—unknown, 2.

Under 5 years, 38—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 15—above 60 years, 4. Born in the United States, 59—Ireland, 19—other places, 3.

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THE COMPOUND CATHARTIC PILL of the U. S. Pharmacopoeia has for a considerable length of time, been a favorite with physicians. It owed its origin to a long and experienced for a purgative medicine, having especial reference to the liver and the biliary secretions, in that bilious complaints, in the various degrees of severity, were, and still are, so common in this country, particularly in the Southern sections. The objects to be gained in the preparation of this Pill, were, a free purgation, with a mildness of operation, direct action on the liver, as well as convenience in administering. The extensive adulteration of the Scammony, which enters into the composition of this Pill, seriously affected its efficiency, while, at the same time, physicians have been obliged to modify its use, to avoid the administration of Calomel to those who were prejudiced against its use.

With these facts before us, we have prepared a Pill, called the *Improved Compound Cathartic*, and published the formula of its preparation in our *JOURNAL OF MATERIA MEDICA*, substituting for the Calomel an article, acting equally as efficiently on the liver, and yet being wholly free from its injurious effects: The *Improved Compound Cathartic* is a reliable purgative, mild and speedy in its operation, possesses superior alterative properties, regulates the biliary secretions, and thoroughly cleanses the alimentary canal.

The numerous testimonials received in reference to the action of this Pill agree in saying, that while it is not violently drastic, it is thorough in its action, not weakening the system by hasty and drenching discharges, and at the same time, being certain and easy in its action.

This has everywhere been the testimony of Leptandrin, namely, certainty in their chloag combined by haste or violence.

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FLUID AND SOLID EXTRACTS.

FLUID EXTRACTS are designed to meet the requirements of the practice of medicine by supplying a strength of preparation, intermediate between the Tincture and Solid Extract, or the still further concentrated form as found in the Alkaloids, Resinoids, &c. Considered apart from their convenience, the beauty and uniformity of the Fluid Extracts have given them great popularity with the profession, and that, too, a popularity well deserved. They claim to represent the crude material, and in a form simple, portable, and easy to be administered and combined, at the same time, being uniform in strength, conforming to the prescribed official preparations. Conceding the Fluid Extracts to be made from the best materials, and by processes calculated to secure the presence of the active matters of the drugs, they will contain for long periods, unimpaired, the virtues of the drugs they represent.

In their preparation we observe one standard of strength and quality; invariably use the best materials, as well as the proper agents for obtaining the active principles; exhaust, without the aid of heat, in apparatus of our own invention; and avoid any chemical change whatever by subsequent evaporation in a vacuum.

The advantages of Fluid Extracts thus prepared are too obvious to be questioned. With many articles, this affords the only method of preserving their entire activity; and with all, it avoids the want of uniformity incident to powders, alike with the bulk of infusions, or the stimulation accompanying tinctures; imparts definiteness to prescriptions; and places at disposal positive and reliable preparations, which can be recommended with confidence to families for domestic use.

They are by far the best form that can be employed in administering medicine, especially when an immediate effect is desired, from the uniform and complete solution of the active principles of the plant in our Fluid Extracts, rendering their action on the system immediate and requiring no digestion in consequence of the absence of sedimentary matter.

The Fluid Extracts are not liable to ferment, as are Syrups; do not deteriorate by age, as do Powders; begin to act as soon as administered; require to be taken in small doses; and are of especial convenience and security when a medicine is to be persevered in for a length of time.

Co-operating with the American Medical Association and Pharmaceutical Society in the plans and aims to establish a sound system of official preparations, it has ever been our constant aim, as Manufacturing Pharmacentists and Chemists, to observe with scrupulous exactness that none but reliable preparations issue from our establishment. With the Physician rests the duty of inquiring into the character of the preparations kept by Apothecaries, deciding for himself what is genuine and reliable, directing the employment of such in his prescriptions, and their administration otherwise.

Physicians have, after numerous trials, rejected many really efficacious medicines, not realizing any efficient effect from them, while the secret of their ill success lay in the inadequacy of the common modes of preparation to draw out the virtues of the plants. Our own experience, and the testimony of the highest authorities, convince us that no failure arising from a similar cause can occur in the use of our Extracts; but that, on the contrary, they will supply what the profession has long needed—simple preparations of indigenous and foreign plants, that can be honestly recommended as domestic remedies, and subserve the highest ends in the general range of Medical Practice.

LIST OF

Fluid and Solid Extracts, Alkaloids, Resinoids, Pharmaceutic Sugar-coated Pills and Granules, with synopses of their Medical Properties.

Aconitum Napellus (*Aconite*).—A powerful narcotic. Used in rheumatism, neuralgia, epilepsy, paralysis, anæmia, scrofula, syphilis, intermittent fever, dropsies, &c. Valuable as an antiphlogistic remedy, and in cases of active cerebral congestion or inflammation.

Fluid Extract—Dose: 2 to 8 drops.

Solid Extract—Dose: $\frac{1}{4}$ to 1 grain.

Pills— $\frac{1}{4}$, $\frac{1}{2}$ and 1 grain each.

Aletris Farinosa (*Star Grass*).—One of the most intense bitters known. Used in infusion as a tonic and stomachic; large doses produce nausea, and a tendency to vomit. Has been employed in chronic rheumatism and dropsy.

Fluid Extract—Dose: 10 to 30 drops.

Aletridin—Dose: 1 to 3 grains.

Alnus Rubra (*Tag Alder*).—Alterative, emetic, and astringent. Useful in scrofula, secondary syphilis, and several forms of cutaneous diseases.

Fluid Extract—Dose: 1 to 2 drams.

Alnugin—Dose: 1 to 3 grains.

Anthemis Nobilis (*Chamomile*).—Tonic. Used in cases of enfeebled digestion, general debility, and languid appetite. In large doses will act as an emetic.

Fluid Extract—Dose: $\frac{1}{4}$ to 1 dram.

Solid Extract—Dose: $\frac{1}{4}$ to 2 grains.

Pills—2 grains each.

Apocynum Androsæmifolium (*Bitter Root*).—Valuable in the treatment of chronic hepatic affections; used as an emetic and diaphoretic; as an alterative in syphilitic and scrofulous affections, as well as in intermittents and the low stage of typhoid fevers.

Fluid Extract—Dose: Tonic, 10 to 20 drops; Diaphoretic, 15 to 25 drops; Emetic, $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 2 to 8 grains.

Apocynin—Dose: $\frac{1}{2}$ to 2 grains.

Pills—2 grains each.

Apocynum Cannabium (*Indian Hemp*).—Powerfully emetic; in decoction, diuretic and diaphoretic. It produces much nausea, diminishes the frequency of the pulse, and appears to produce drowsiness, independently of the exhaustion consequent upon vomiting. Of magical efficacy in dropsy.

Fluid Extract—Dose: Tonic, 5 to 15 drops; Emetic, 20 to 60 drops.

Solid Extract—Dose: 1 to 5 grains.

Pills—1 grain each.

Arcostaphylos Uva Ursi (*Uva Ursi*).—Uva Ursi is an astringent tonic, and has a specific direction to the urinary organs, for complaints of which it is chiefly used; has reputation as an antilithic in gravel, chronic nephritis, ulceration of the kidneys, bladder, and urinary passages. It has been recommended in place of Ergot of Rye. It does not cause such powerful contractions, nor is its use attended with as much danger.

Fluid Extract—Dose: $\frac{1}{4}$ to 1 dram.

Solid Extract—Dose: 5 to 15 grains.

Aristolochia Serpentina (*Virginia Snake-root*).—A stimulant tonic, used in typhoid fever, whether idiopathic or symptomatic, when the system begins to feel the necessity for support, but is unable to bear active stimulation. Its action may be much improved by combination with Cinchona, particularly in intermittent fevers. Employed as a gargle in malignant sore throat.

Fluid Extract—Dose: $\frac{1}{4}$ to $\frac{1}{2}$ dram.

Arnica Montana (*Leopard's Bane*).—Arnica is a stimulant in adynamic diseases; in small doses, it increases the perspiration and accelerates the pulse. Is used as a tonic in rheumatism and diseases of the bladder, but more particularly as a domestic remedy in sprains, bruises, rheumatism and local inflammation.

Fluid Extract—Dose: 10 to 60 drops.

Artemisia Absinthium (*Wormwood*).—Anthelmintic, tonic, and narcotic. Used in intermittent fever, jaundice, and worms. Promotes the appetite in atonic dyspepsia, amenorrhea, obstinate diarrhea, &c. Externally, it is useful in fomentations for bruises and local inflammations.

Fluid Extract—Dose: $\frac{1}{4}$ to $\frac{1}{2}$ dram.

Solid Extract—Dose: 5 to 5 grains.

Asclepias Incarnata (*White Indian Hemp*).—Emello, cathartic, and diuretic. Useful in catarrh, asthma, rheumatism, syphilis, and worms.

Fluid Extract—Dose: 20 to 40 drops.

Solid Extract—Dose: 3 to 5 grains.

Pills—2 grains each.

Asclepias Tuberosa (*Pleurisy Root*).—The Pleurisy Root is carminative, tonic, and diuretic; used in pleurisy, pneumonia, catarrh, febrile diseases, acute rheumatism, and dysentery. Efficient in flatulency and indigestion.

Fluid Extract—Dose: $\frac{1}{2}$ to 2 drams.

Asclepidin—Dose: 1 to 5 grains.

Aspidium Filix Mas (*Male Fern*).—Its specific property is anthelmintic. The accounts of its efficacy in the treatment of tape-worm are too numerous to admit of any reasonable doubt on the subject.

Solid Extract—Dose: 9 to 15 grains.

Pills—2 grains each.

Atropa Belladonna (*Belladonna*).—Belladonna is a powerful narcotic, possessing also diaphoretic and diuretic properties. Exceedingly valuable in convulsions, neuralgia, whooping-cough, rheumatism, gout, paralysis, and similar diseases having their seat chiefly in the nervous system. It is esteemed as a prophylactic in scarlatina, and is also used with success in gillsey and heria.

Fluid Extract—Dose: 5 to 10 drops.

Solid Extract—Dose: $\frac{1}{4}$ to 1 grain.

Pills— $\frac{1}{4}$, $\frac{1}{2}$ and 1 grain each.

FLUID AND SOLID EXTRACTS.

Aurantii Cortex (Orange Peel).—It is a mild tonic, carminative, and stomachic, but is seldom used alone. It is a useful addition to bitter infusions and decoctions.

Fluid Extract—Dose: $\frac{1}{2}$ to 2 drams.

Baptisia Tinctoria (Wild Indigo).—Principally used on account of its antiseptic virtues. It is an excellent application as a wash or gargle to all species of ulcers, as malignant ulcerous sore mouth and throat, mercurial sore mouth, scrofulous or syphilitic ophthalmia, &c.

Fluid Extract—Dose: $\frac{1}{4}$ to $\frac{1}{2}$ dram.

Baptisin—Dose: $\frac{1}{4}$ to $\frac{1}{2}$ grain.

Boronia Crenata (Buchu).—Buchu is given chiefly in complaints of the urinary organs attended with increased uric acid, as gravel, chronic catarrh of the bladder, morbid irritation of the bladder and urethra; also in dyspepsia, chronic rheumatism, cutaneous affections, and dropsy.

Fluid Extract—Dose: $\frac{1}{2}$ to 2 drams.

Buchu Compound—Composed of Buchu, *Uva Ursi*, Juniper, and *Cubeba*.

Fluid Extract—Dose: $\frac{1}{2}$ to 2 drams.

Canella Alba (Canella).—Canella is possessed of the ordinary properties of cinnamon, acts as a local stimulant and gentle tonic: valuable as an addition to tonic or purgative medicines in debilitated states of the digestive organs. Seldom prescribed except in combinations.

Fluid Extract—Dose: 15 to 30 drops.

Cannabis Indica (Indian Hemp, Foreign).—Phrenic, anæsthetic, antispasmodic, and hypnotic. Unlike opium, it does not constipate the bowels, lessen the appetite, create nausea, produce dryness of the tongue, check pulmonary secretions, or produce headache. Used with success in hysteria, chorea, gout, neuralgia, acute and sub-acute rheumatism, tetanus, hydrophobia, and the like.

Fluid Extract—Dose: 5 to 10 drops.

Solid Extract—Dose: 1 to 2 grains.

Pills— $\frac{1}{2}$ and 1 grain each.

Capiscum Annuum (Cayenne Pepper).—A powerful stimulant, and a condiment: is very useful in correcting flatulency in dyspepsia; promoting digestion; in sea-sickness; on the first occasion of nausea; in dropsies; in malignant sore throat and scarlet fever; as a gargle; in intermittents with Quinine, and low forms of fever; in cholera; and in hot climates, for obviating the black vomit.

Fluid Extract—Dose: 5 to 15 drops.

Cassia Acutifolia (Senna).—It is well adapted to cases which require an active and certain purgative; in constipation and inactivity of the elementary canal, requiring frequent use of purgatives; in worms; in determination of the blood to the head. It can be used by persons of all ages as a purgative, with security.

Fluid Extract—Dose: 1 to 2 drams.

Solid Extract—Dose: 3 to 8 grains.

Senna, Aqueous.—A mild and sure purgative, with properties similar to the last.

Fluid Extract—Dose: 1 to 2 drams.

Senna and Jalap.—This is a concentrated form of the compound powder of Jalap, and is a good antibilious cathartic.

Fluid Extract—Dose: $\frac{1}{4}$ to 1 dram.

Cephrælis Ipecacuanha (Ipecac).—It is a mild and tolerably certain emetic, and being usually thrown from the stomach in one or two efforts, it is not apt to produce dangerous effects. It is especially useful when poisons have been swallowed; in cases of dysentery; as a nauseant in asthma, hooping-cough, and the hemorrhages; and as an expectorant in catarrhal and other pulmonary affections.

Fluid Extract—Dose: Expectorant, 5 to 10 drops; Emetic, $\frac{1}{2}$ to 1 dram.

Chelidonium Majus (Great Celandine).—As a drastic hydragogue, fully equal to gamboge. Useful in hepatic affections, and is supposed to exert a special influence on the spleen. Applied in the form of a poultice to scrofulous and cutaneous diseases and piles; also, to indolent ulcers, fungous growths, &c.

Fluid Extract—Dose: 10 to 20 drops.

Solid Extract—Dose: 5 to 10 grains

Chelone Glabra (Balmoney).—Tonic, cathartic, and anæsthetic. Valuable in jaundice and hepatic diseases, likewise for the removal of worms. Used as a tonic, in small doses, in dyspepsia, debility of the digestive organs, and during convalescence from febrile and inflammatory diseases.

Fluid Extract—Dose: 1 dram.

Chelonin—Dose: 1 to 2 grains.

Chenopodium Anthelminticum (Wormseed).—Wormseed is one of our most efficient indigenous anthelmintics, and is thought to be particularly adapted to the expulsion of the round worms in children. A dose of it is usually given before breakfast in the morning, and at bedtime in the evening, for three or four days successively, and then followed by some brisk cathartic.

Fluid Extract—Dose: 1 to 2 drams.

Chimaphilla Umbellata (Pipsissewa, Prince's Pine).—Tonic, diuretic, and astringent. Highly recommended in dropsy; useful in disordered digestion and general debility, rheumatism, nephritic affections, and scrofula; in obstinate, ill-conditioned ulcers; in cutaneous eruptions; and in chronic affections of the urinary organs.

Fluid Extract—Dose: 1 dram

Solid Extract—Dose: 10 to 20 grains.

Cimicifuga Racemosa (Black Cohosh).—This remedy

possesses an undoubted influence over the nervous system, and has been successfully used in chorea, epilepsy, nervous excitability, asthma, delirium tremens, and many spasmodic affections. In febrile diseases it frequently produces diaphoresis and diuresis.

Fluid Extract—Dose: $\frac{1}{2}$ to 2 drams.

Solid Extract—Dose: 4 to 8 grains.

Cimicifugin—Dose: 1 to 6 grains.

BLACK COHOSH COMPOUND—Composed of Black Cohosh, Wild Cherry, Ipecac, Liquorice, and Seneca.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Cinchona (Peruvian Bark).—Valuable in functional derangements of the stomach, improving digestion, and invigorating the nervous and muscular systems in diseases of general debility, and in convalescence from exhausting diseases. As a tonic it will be found of advantage in measles, small-pox, scarlatina, during the absence of fever or inflammation, also in cases when the system is exhausted by purulent discharges. It may likewise be used in all chronic diseases attended with debility, as scrofula, dropsy, obstinate cutaneous diseases, &c. To obtain the antiperiodic influence, the red and yellow barks are considered superior to the pale, while the pale is preferred as a tonic.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Cinchona Compound—Composed of Cinchona, Orange Peel, Gentian, Serradilla, Clones, and Red Saunders.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Cissampelos Pareira (Pareira Brava).—Useful in calculous affections, diseases of the urinary passages, chronic inflammation and ulceration of the kidneys and bladder. It allays irritability of the bladder, and corrects the disposition to profuse mucous secretions.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Cocculus Palmatus (Colombo).—Mild tonic. Used in simple dyspepsia; in those states of debility which attend convalescence from acute disorders, particularly in enfeebled condition of the alimentary canal, in dysentery, cholera morbus and cholera infantum.

Fluid Extract—Dose: 20 to 60 drops.

Solid Extract—Dose: 4 to 10 grains.

Pills—2 grains each.

Colchicum Autumnale.—Colchicum is principally used in the various forms of gout and rheumatism, in which experience has abundantly proved it to be a highly valuable remedy. It is also recommended in inflammatory and febrile diseases, diseases of the heart, in various nervous complaints, as chorea, hysteria, and hypochondriasis, and chronic bronchial affections.

Fluid Extract of Colchicum Root—Dose: 3 to 12 drops.

Fluid Extract of Colchicum Seed—Dose: 5 to 15 drops.

Conium Maculatum (Poison Hemlock).—Powerful narcotic. Anodyne, antispasmodic, and deobstruent. Used in chronic enlargement of the liver, chronic rheumatism, syphilis, neuralgic affections, asthma, &c.

Fluid Extract—Dose: 5 to 20 drops.

Solid Extract—Dose: $\frac{1}{4}$ to $\frac{1}{2}$ grains.

Pills— $\frac{1}{4}$, $\frac{1}{2}$ and 1 grain each.

Convallaria Multiflora (Solomon's Seal).—Tonic, mucilaginous, astringent. Of much value in leucorrhœa, menorrhagia, female debility, and pectoral affections. An infusion will be found of great efficacy in irritable conditions of the intestines, as well as in chronic inflammations of these parts, especially when attended with burning sensations, pains, &c.

Fluid Extract—Dose: 2 to 6 drams.

Cornus Florida (Boxwood, Dogwood).—Tonic, astringent, and stimulant. Its internal use increases the force and frequency of the pulse, and elevates the temperature of the body. It has been successfully substituted for cinchona in the treatment of intermittents.

Fluid Extract—Dose: $\frac{1}{2}$ to 2 drams.

Solid Extract—Dose: 5 to 10 grains.

Cornin—Dose: 1 to 10 grains.

Pills—2 grains each.

Corydalis Formosa (Turkey Corn).—One of the best remedies in syphilitic affections; valuable in scrofula, and possesses tonic properties similar to the gentian, colombo, or other pure bitters. Its alterative powers render it of immense value.

Fluid Extract—Dose: 10 to 40 drops.

Corydalin—Dose: $\frac{1}{4}$ to 1 grain.

Crocus Sativus (Saffron).—Emmenagogue and diaphoretic. Has been of benefit in amenorrhœa, dysmenorrhœa, chlorosis, hysteria, and in suppression of the menstrual discharge. It is a well-known domestic remedy in promoting the eruption in exanthematous diseases. It imparts color and flavor to official tinctures.

Fluid Extract—Dose: 20 to 60 drops.

Croton Eleuteria (Cascarella).—A pleasant and gentle aromatic tonic; employed in dyspepsia, chronic diarrhœa and dysentery, flatulent colic and other cases of debility of the stomach and bowels, and to arrest vomiting. Cascarella counteracts the tendency of cinchona to produce nausea.

Fluid Extract—Dose: 20 to 30 drops.

Cucumis Colocynthis (Colocynthis).—Colocynthis is a powerful drastic, hydragogue cathartic, exciting inflammation of the mucous membranes of the intestines, causing severe griping, vomiting, and bloody discharges. From its powerful and harsh action it is rarely used alone. It is principally useful in passive dropsy, in cerebral derangements, and for the purpose of overcoming torpid conditions of the biliary and digestive system.

FLUID AND SOLID EXTRACTS.

Solid Extract—Dose: 5 to 15 grains.
Solid Extract of Colocynth Compound—Dose: 2 to 30 grains.

Curcuma Longa (Turmeric).—Stimulant, aromatic, tonic, discutient, and heating: used especially in the jaundice and the itch; also employed in debilitated states of the stomach, intermittent fever and dropsy.

Fluid Extract—Dose: 2 to 3 drams.

Cypripedium Pubescens (Ladies' Slipper).—Tonic, nervine, antispasmodic. Employed in nervous headache, nervous irritability and excitability, hysteria, neuralgia, morbid condition of the nervous system, &c.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 5 to 15 grains.

Cypripedium—Dose: 2 to 4 grains.
Pills—2 grains each.

Datura Stramonium (Stramonium).—Narcotic, antispasmodic, anodyne, sedative. Employed in tetanus, mania, epilepsy, chorea, palsy, and various nervous affections. Effective in many acute pains, as in those arising from chronic diseases, or acute uterine affections, &c.

Fluid Extract—Dose: 5 to 20 drops.

Solid Extract—Dose: $\frac{1}{2}$ to 1 grain.

Pills— $\frac{1}{2}$ to 1 grain each.

Digitalis Purpurea (Foxglove).—Is narcotic, sedative and diuretic; sometimes emetic and purgative. It is prescribed as a sedative in hypertrophy of the heart, and in aneurism of the large vessels proceeding from it; in inflammatory diseases, in dropsy, on account of its great diuretic power; in hemorrhage, as a sedative. It possesses great power over the circulation, and is peculiar in its operation. It is one of those remedies which should never be administered without an accurate knowledge of their medicinal properties.

Fluid Extract—Dose: 5 to 10 drops.

Pills of Digitalis— $\frac{1}{4}$ grain each.

Dioscorea Villosa (Wild Yam).—Antispasmodic. Successfully used in bilious colic. Held to be as much a specific in bilious colic as quinia is in intermittents.

Dioscorein—Dose: 1 to 6 grains.

Epigaea Repens (Trailing Arbutus).—Diuretic and astringent. Is highly beneficial in gravel and all diseases of the urinary organs. It is prepared and administered in the same way with the yucca and buchu. It acts similarly, and has given relief in cases where these have failed.

Fluid Extract—Dose: 1 to 2 drams.

Ergota (Ergot).—The ergot operates with great energy upon the contractile property of the uterus. It has been given to promote the expulsion of the placenta, to restrain inordinate hemorrhages after delivery, and to hasten the discharge of the foetus in protracted cases of abortion.

Fluid Extract—Dose: $\frac{1}{4}$ to 1 dram.

Pills—1 grain each.

Eunonymus Atropurpureus (Wahoo).—Tonic, laxative, alterative, diuretic, and expectorant; successfully used in intermittents, dyspepsia, torpid state of the liver, constipation, dropsy, and pulmonary affections.

Fluid Extract—Dose: 1 to 2 drams.

Eupatorium Perfoliatum (Bone-set).—Tonic, diaphoretic; and in large doses, emetic and aperient. Used in colds, fevers, catarrhs, remittent and intermittent fevers, typhoid pneumonia, dropsy, dyspepsia, and general debility. The *Eupurpurin*, from the *E. Purpureum*, is a most powerful diuretic. Used with excellent effect in all chronic urinary disorders.

Fluid Extract—Dose: 1 to 2 drams.

Solid Extract—Dose: 5 to 20 grains.

Eupatorium—Dose: 1 to 2 grains.

Eupurpurin—Dose: 3 to 4 grains.

Pills—2 grains each.

Gaultheria Procumbens (Wintergreen).—Stimulant, aromatic, and astringent. It is used in infusion in chronic diarrhoea, as a diuretic in dysuria, and as an emmenagogue.

Fluid Extract—Dose: 2 to 4 drams.

Gelsemium Sempervirens (Yellow Jasmine).—It is an excellent febrifuge, has proved efficacious in nervous and bilious headache, colds, pneumonia, hemorrhage, chorea, though it is in fevers especially in which its efficacy has been mostly observed. May be used in all forms of neuralgia, nervous headache, toothache, lockjaw or tetanus.

Fluid Extract—Dose: 3 to 20 drops.

Gelseminin—Dose: $\frac{1}{4}$ to 2 grains.

Gentiana Lutea (Gentian).—It is a valuable tonic, adapted to those cases requiring the use of pure or simple bitters. It excites the appetite, invigorates the powers of digestion, and may be used in all cases of disease dependent on pure debility of the digestive organs, or requiring a general tonic. It has proved useful in dyspepsia, gout, hysteria, scrofula, intermittent fever, diarrhoea, and worms, but is rather applicable to the condition of the stomach and system generally, than to any specific disease.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 3 to 15 grains.

Pills—2 grains each

GENTIAN COMPOUND—Composed of *Gentian*, *Orange Peel*, *Cloves*, *Cinnamon*, and *Red Sanders*.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram

Geranium Maculatum (Cranesbill).—A powerful astringent. Used in chronic diarrhoea, cholera infantum, hemorrhages, &c. It forms an excellent local application as a gargle in sore throats and ulcerations of the mouth, and is adapted to the treatment of such discharges as continue from debility, after

the removal of their exciting causes. The absence of unpleasant taste, and all other offensive qualities, renders it peculiarly serviceable in the cases of infants, and of persons with very delicate stomachs.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 3 to 15 grains.

Geraniin—Dose: 1 to 5 grains.

Pills of Geraniin—1 grain each.

Pills of Ext. Geranium—2 grains each.

Gillenla Trifoliata (Indian Physic).—It is used the same as Ipecac, to which refer.

Fluid Extract—Dose: 4 to 12 drops.

Gossypium Herbaceum (Cotton).—Emmenagogue, parturient, and abortive. It acts with as much efficiency and more safely than ergot. It operates without pain or gastric disturbance, producing no other effect than the excitation of the menstrual secretions, except perhaps some degree of anodyne influence. It is an excellent remedy in the treatment of chlorotic and anemic females.

Fluid Extract—Dose: 4 drams.

Hematoxylon Campechianum (Logwood).—It is tonic and astringent, without any irritating properties. May be used with much advantage in diarrhoea, dysentery, and in the relaxed condition of the bowels succeeding cholera infantum.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 5 to 30 grains.

Pills—2 grains each.

Hamamelis Virginica (Witch Hazel).—Witch Hazel is tonic, astringent, and sedative; used in hemoptysis, hæmorrhoids, and other hemorrhages, as well as in diarrhoea, dysentery, and excessive mucous discharges; in incipient phthisis, in which it is supposed to possess an anodyne influence; also for sore mouth, painful tumors.

Fluid Extract—Dose: 1 to 2 drams.

Helleborus Niger (Black Hellebore).—It is a drastic hydragogue cathartic, possessed of emmenagogue powers; occasionally found useful in chlorosis, amenorrhoea, &c.

Fluid Extract—Dose: 10 to 20 drops.

Solid Extract—Dose: 1 to 5 grains.

Pills—1 grain each.

Helonias Dioica (False Unicorn).—Tonic, diuretic, and vermifuge. Beneficial in colic, and in atony of the generative organs. It acts as a uterine tonic in leucorrhoea, amenorrhoea, and to remove the tendency to repeated and successive miscarriages.

Fluid Extract—Dose: 1 to 3 drams.

Helonin—Dose: $\frac{1}{2}$ to 1 grain.

Hepatica Americana (Liverwort).—Liverwort is a very mild, demulcent tonic and astringent, supposed by some to possess diuretic and deobstruent virtues. It has been used in fevers, hepatic complaints, hemoptysis, coughs, &c.

Fluid Extract—Dose: 2 to 3 drams.

Humulus Lupulus (Hop).—Hops are tonic and moderately narcotic, and have been recommended in diseases of local and general debility, associated with morbid vigilance, or other nervous derangements. Useful in dyspepsia and the nervous tremors, wakefulness, and delirium of drunkards.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 5 to 20 grains.

Lupulin—Dose: 6 to 10 grains.

Hydrangea Arborea (Hydrangea).—This plant was introduced to the medical profession by Dr. S. W. Butler, of Burlington, N. J., as a remedy for the removal of calculous or stony deposits in the bladder, and for relieving the excruciating pain attendant on the passage of a calculus through the urethra. The power of curing stone in the bladder is not claimed for it; it is only while the deposits are small, when in that form of the disease known as gravel, that it is an efficient remedy; then by removing the nucleus, which if allowed to remain in the organ would increase in size and form stone, the disease is averted.

Fluid Extract—Dose: 1 to 2 drams.

Hydrastis Canadensis (Golden Seal).—Used in dyspepsia, chronic affections of the nervous coats of the stomach, erysipelas, remittent, intermittent, and typhoid fevers, stupor of the liver, and where tonics are required. In combination with Geranium it forms an efficient remedy in chronic diarrhoea and dysentery.

Fluid Extract—Dose: $\frac{1}{2}$ to 2 drams.

Solid Extract—Dose: 2 to 5 grains.

Hydrastin (Resinoid)—Dose: $\frac{1}{2}$ to 5 grains.

Hydrastin (Neutral)—Dose: 2 to 6 grains.

Hydrastina (Alkaloid)—Dose: 1 to 5 grains.

Pills—1 grain each.

Hyoscyamus Niger (Henbane).—It ranks among the narcotics. It accelerates the circulation, increases the general warmth, occasions a sense of heat in the throat, and after a short period induces sleep. It does not constipate like opium, but often produces laxity. It is most frequently applied in neuralgic and spasmodic affections, rheumatism, gout, hysteria, and various pectoral diseases, such as catarrh, pertussis, asthma, phthisis, &c.

Fluid Extract—Dose: 10 to 20 drops.

Solid Extract—Dose: $\frac{1}{4}$ to 1 grain.

Hyoscyamin—Dose: $\frac{1}{4}$ to $\frac{1}{2}$ grain.

Pills— $\frac{1}{4}$, $\frac{1}{2}$ and 1 grain each.

Ipomoea Jalapa (Jalap).—It is an active cathartic, operating briskly, and sometimes painfully upon the bowels, producing copious and watery stools. It is advantageously employed in dropsy, in the treatment of hip disease, and scrofulous affections of the other joints.

Fluid Extract—Dose: $\frac{1}{4}$ to 1 dram.

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Solid Extract—Dose: 3 to 8 grains.

Jalapin—Dose: 1 to 2 grains.

Pills—1 grain each.

Iris Florentina (Orvis).—Possesses cathartic properties, and, in large doses, acts as an emetic. Chiefly used in compounds, on account of the agreeable odor it imparts.

Fluid Extract—To be used in compounds at discretion.

Iris Versicolor (Blue Flag).—A potent remedy in dropsy, scrofula, hepatic, renal, and splenic affections. It acts more particularly on the glandular system, and in large doses it evacuates and exhausts the system, acting on the liver, and the alimentary canal throughout, fulfilling most of the indications of mercury.

Fluid Extract—Dose: 20 to 60 drops.

Solid Extract—Dose: 1 to 4 grains.

Iridin—Dose: $\frac{1}{2}$ to 5 grains.

Iridin, Pills of— $\frac{1}{2}$ and 1 grain each.

Juglans Chinera (Butternut).—A mild cathartic. Very efficacious in habitual constipation, dysentery, and other affections of the bowels. It evacuates without debilitating the alimentary canal.

Fluid Extract—Dose: 1 to 2 drams.

Solid Extract—Dose: 5 to 20 grains.

Juglandin—Dose: 1 to 5 grains.

Juniperus Sabina (Savin).—It is highly stimulant, increasing most of the secretions, especially those of the skin and uterus, to the latter of which organs it seems to have a peculiar direction; though in cases of pregnancy it must be used with caution. Useful in complaints of the kidneys, suppression of urine, and suppressed menstruation.

Fluid Extract—Dose: 10 to 30 drops.

Solid Extract—Dose: 1 to 5 grains.

Pills—1 grain each.

Krameria Triandra (Rhatany).—It is a powerful astringent, with tonic properties. Used internally with advantage in menorrhagia, hematemesia, passive hemorrhages, chronic diarrhoea, leucorrhoea, chronic mucous discharges, and incontinence of urine; also as a local application in prolapsus ani, fissure of the anus, and leucorrhoea.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 5 to 20 grains.

Pills—1 grain each.

Lactuca Sativa (Lettuce).—Is usually given to quiet nervous irritability and allay cough. It may be given when opium is indicated, but cannot be given from idiosyncrasy of the patient. It does not produce that disturbance of the functions which usually follows opium.

Fluid Extract—Dose: $\frac{1}{2}$ to 2 drams.

Solid Extract—Dose: 2 to 5 grains.

Pills—2 grains each.

Lappa Minor (Burdock).—Useful in scorbutic, syphilitic, scrofulous, gonorrheal, leprosy, and nephritic diseases. To prove effectual, its use must be persevered in for a long time. As an ointment, it has been employed with advantage in cutaneous diseases and obstinate ulcers.

Fluid Extract—Dose: 1 dram.

Solid Extract—Dose: 5 to 20 grains.

Pills—2 grains each.

Laurus Sassafras (Sassafras).—Stimulant, and perhaps diaphoretic. It is used mainly as an adjunct to other medicines, the flavor of which it improves. It has been particularly recommended in chronic rheumatism, cutaneous eruptions, scorbutic and syphilitic affections.

Fluid Extract—Dose: 1 to 2 drams.

Leontice Thalioides (Blue Cohosh).—Possessed of diuretic, diaphoretic, and antelmintic properties; is a valuable agent in all chronic uterine diseases; appears to exert an especial influence upon the uterus; has been successfully employed in rheumatism, dropsy, colic, hiccough, epilepsy, uterine leucorrhoea, amenorrhoea, &c. In decoction, blue cohosh is preferable to ergot in expediting delivery, in all those cases where the delay is owing to debility, or want of uterine nervous energy, or is the result of fatigue.

Fluid Extract—Dose: 15 to 40 drops.

Solid Extract—Dose: 1 to 5 grains.

Caulophyllin—Dose: $\frac{1}{4}$ to 4 grains.

Pills—2 grains each.

Leonurus Cardiacus (Motherwort).—Recommended in nervous complaints, in irritable habit, delirium tremens, in all chronic diseases attended with restlessness, wakefulness, disturbed sleep, spinal irritation, neuralgic pains, and in liver affections.

Solid Extract—Dose: 3 to 6 grains.

Pills—2 grains each.

Leptandra Virginica (Culver's Root).—Tonic, cholagogue, and laxative; is employed in hepatic affections, as it acts upon the liver with energy and without active catharsis; in bilious and typhoid fevers as a laxative and tonic, and in dyspepsia, diarrhoea, and dysentery.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Leptandrin—Dose: $\frac{1}{4}$ to 1, and 1 to 2 grains.

Leptandrin, Pills of—1 grain each.

Liatris Spicata (Bulton Snake-root).—Diuretic, tonic, stimulant and emmenagogue. The infusion is efficacious in gleet, gonorrhoea, and nephritic diseases; also in scrofula, dysmenorrhoea, amenorrhoea, after-pains, &c. Of advantage also as a gargle in sore throat.

Fluid Extract—Dose: 1 to 2 drams.

Liatrin—Dose: 4 to 8 grains.

Lobelia Inflata (Lobelia).—Lobelia is emetic, and in small doses, diaphoretic and expectorant. It is of especial advantage in spasmodic asthma, and is used in catarrh, croup, pertussis, and other laryngeal and pectoral affections. In cases where relaxation is required, either to subdue spasm or otherwise, lobelia will be found to be a valuable article.

Fluid Extract—Dose: Expectorant, 10 to 60 drops; Emetic, $\frac{1}{4}$ to 1 dram.

Lobelin—Dose: $\frac{1}{4}$ to $1\frac{1}{2}$ grains.

LOBELIA COMPOUND—Composed of Lobelia, Stunk Cabbage, and Bloodroot.

Fluid Extract—Dose: 10 to 60 drops; and $\frac{1}{4}$ to 1 dram.

Lycopos Virginicus (Bugle-weed).—A mild narcotic, sedative, sub-astringent, styptic. A valuable remedy for hemorrhage from the lungs, incipient phthisis, pneumonia; useful in quieting irritation and allaying cough; it appears to act like digitalis in abating the frequency of the pulse, but is far less active.

Fluid Extract—Dose: 1 to 2 drams.

Marrubium Vulgare (Horehound).—Tonic, aperient, pectoral, and sudorific. Is largely employed in domestic practice in colds, asthma, catarrh, and other chronic affections of the lungs, attended with coughs and copious expectoration.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 5 to 10 grains.

Pills—2 grains each.

Mentha Piperita (Peppermint).—It is a powerful diffusive stimulant, antispasmodic, carminative, and stomachic. Used in flatulent colic, hysteria, spasms, or cramp in the stomach; to allay the griping of cathartics; to check nausea and vomiting, and to disguise the unpleasant taste of other medicines.

Fluid Extract—Dose: 1 to 2 drams.

Mentha Viridis (Sparmint).—Like the last, it is carminative, antispasmodic, and stimulant. It is mainly used as a diuretic and febrifuge. The tincture has been found serviceable in gonorrhoea, stranguary, gravel, &c.

Fluid Extract—Dose: 1 to 5 drams.

Myrica Cerifera (Bayberry).—Astringent and stimulant, and in large doses is apt to occasion emesis. Successfully employed in scrofula, jaundice, diarrhoea, dysentery, and other diseases where an astringent stimulant is indicated. Beneficial as a gargle in sore mouth and throat.

Fluid Extract—Dose: 1 to 2 drams.

Myricin—Dose: 2 to 10 grains.

Nepeta Cataria (Catnip).—Carminative and diaphoretic in warm infusion. Used in febrile diseases, in flatulent colic, nervous headache, hysteria, and nervous irritability.

Fluid Extract—Dose: 2 to 4 drams.

Opium.—The Fluid Extract of opium (Aqueous) is of the same strength as laudanum, and is largely used in its stead; its action in its action, promotes sleep, allays spasms and convulsions, and is valuable in nervous irritability. It can be used where laudanum or opium is generally applicable, without the unpleasant effects that usually follow from either. The fluid opium is denatured; prepared according to the formula of Prof. Proctor.

Fluid Extract—Dose: 10 to 60 drops.

Papaver Somniferum (Poppy).—The Poppy heads, though analogous to opium in medical properties, are exceedingly feeble. They are often given internally to calm irritation, to promote rest, and produce, generally, the narcotic effects of opium.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 5 to 10 grains.

Pills—2 grains each.

Phytolacca Decandra (Poke).—It is a slow emetic, purgative, and somewhat narcotic. Used in chronic and syphilitic rheumatism, and for allaying syphilitic pains. It is said to be a sure cure for syphilis in all its stages, without the use of mercury. Acts as an alternative in scrofula and scrofulous diseases.

Fluid Extract—Dose: 10 to 30 drops.

Solid Extract—Dose: 1 to 4 grains.

Phytolaccin—Dose: $\frac{1}{4}$ to 1 grain.

Phytolaccin, Pills of— $\frac{1}{4}$ grain each.

Piper Angustifolium (Matipo).—Principally styptic, also stimulant. Of advantage in epistaxis, leucorrhoea, menorrhagia, chronic diarrhoea, and diseases of the mucous membranes. As a local styptic it acts in the same manner as agaric.

Fluid Extract—Dose: $\frac{1}{2}$ to 2 drams.

Piper Cubeba (Cubeba).—Cubeba is gently stimulant, with particular direction to the urinary organs; has the power of arresting excessive discharges from the urethra; used principally in the treatment of gonorrhoea and gleet; also used beneficially in leucorrhoea, abscess of the prostate glands, piles, and chronic bronchial inflammation, &c.

Fluid Extract—Dose: $\frac{1}{2}$ to $1\frac{1}{2}$ drams.

Solid Extract—Dose: 2 to 20 grains.

Pills—2 grains each.

Piper Nigrum (Black Pepper).—The Black Pepper is a warm carminative stimulant, having the property of producing general arterial excitement. Its chief medicinal application is to excite the languid stomach and correct flatulence.

Fluid Extract—Dose: 10 to 40 drops.

Podophyllum Peltatum (Mandrake).—It is a certain cathartic; in large doses an emetic, alterative, antelmintic, hydragogue, and sialogogue. It rouses the liver to vigorous action, determines the blood to the surface, stimulates the

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kidneys, promotes expectoration, augments the glandular functions, and cleanses the intestinal canal of all irritating substances. In small doses it acts as a powerful alterative. Useful in scrofulous and syphilitic diseases, hepatic affections, dysmenorrhoea, rheumatism, gonorrhoea; also administered beneficially in jaundice, dropsies, dysentery, diarrhoea, bilious, remittent, and intermittent fevers, puerperal fever, typhoid fever, and all glandular enlargements. Its range of application is perhaps more extensive than any other cathartic medicine, and is indicated in all cases where the use of mercury is indicated.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 5 to 12 grains.

Podophyllin—Dose: $\frac{1}{4}$ to $\frac{1}{2}$ and 1 to 3 grains.

Pills of Podophyllin— $\frac{1}{2}$ grain each.

MANDRAKE COMPOUND—Composed of *Mandrake*, *Senna* and *Jalap*.

Fluid Extract—Dose: 1 to 2 drams.

Polygonum Punctatum (*Water Pepper*).—Stimulant, diuretic, emmenagogue, antiseptic, and vesicant. Used in colds, coughs, gravel, uterine diseases, &c.

Fluid Extract—Dose: 10 to 60 drops.

Pills—Dose: 2 to 3 grains.

Polygala Senega (*Seneca*).—Seneca is a stimulating diuretic and expectorant, and in large doses emetic and cathartic. It excites more or less all the secretions. It is peculiarly useful in chronic catarrhal affections, the secondary stages of croup, and in peripneumonia.

Fluid Extract—Dose: 20 to 40 drops.

Populus Tremuloides (*American Poplar*).—Tonic and febrifuge; has been used in intermittent fever with advantage. An infusion is reputed a valuable remedy in debility, want of appetite, feeble digestion, chronic diarrhoea and worms. It is said to possess active diuretic properties.

Purins—Dose: 4 to 8 grains.

Prunus Verticillata (*Black Alder*).—The Black Alder has been used with good effect in jaundice, diarrhoea, intermittent fever, and other diseases connected with a debilitated state of the system, especially gangrene and mortification. It is a popular remedy in gangrenous or flabby and ill-conditioned ulcers, and in chronic cutaneous eruptions, in which it is given internally, and applied locally in the form of a wash or poultice.

Fluid Extract—Dose: 1 to 2 drams.

Prunus Virginiana (*Wild Cherry*).—Tonic and stimulant in operation on the digestive organs, at the same time exercising a sedative influence on the circulatory and nervous systems. It is useful in the convalescent stages of inflammatory attacks, and in many pulmonary diseases, imparting tonicity without exciting unduly the heart and blood-vessels. It is of general use in phthisis, acrofolia, and dyspepsia.

Fluid Extract—Dose: 2 to 4 drams.

Purins—Dose: 2 to 6 grains.

WILD CHERRY COMPOUND—Composed of *Wild Cherry*, *Horehound*, *Lettuce*, *Veratrum*, and *Bloodroot*.

Fluid Extract—Dose: $\frac{1}{2}$ to 2 drams.

Quercus Alba (*White Oak*).—Tonic, astringent, and alterative. As an astringent it is very valuable; given in intermittent fevers, obstinate and chronic diarrhoea, used as a gargle, and in baths for children. Applied externally as an ointment to ill-conditioned ulcers, piles, &c.

Fluid Extract—Dose: $\frac{1}{4}$ to 1 dram.

Solid Extract—Dose: 5 to 20 grains.

Pills—2 grains each.

Rhamnus Catharticus (*Buckthorn*).—A powerful hydragogue and purgative. Seldom used alone.

Fluid Extract—Dose: 1 to $1\frac{1}{2}$ drams.

Rheum Palmatum (*Rhubarb*).—Used as a purgative in mild cases of diarrhoea, and cholera infantum; as a stomachic and tonic in dyspepsia accompanied with debilitated condition of the digestive organs; as a purgative for infants it is valuable, and is well adapted to a variety of children's complaints.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 2 to 10 grains.

Pills—1 grain each.

RHUBARB AND SENNA.—By a union of these drugs in the concentrated form of a *Fluid Extract*, and in due proportion, a cathartic is obtained which is safe, unattended by unpleasant symptoms, and not followed by constipation.

Fluid Extract—Dose: $\frac{1}{4}$ to 1 dram.

RHUBARB AROMATIC.—

Fluid Extract—Dose: $\frac{1}{4}$ to 1 dram.

Rhus Glabrum (*Sumach*).—Tonic, astringent, antiseptic, and diuretic. Valuable in gonorrhoea, leucorrhoea, diarrhoea, dysentery, hectic fever, and acrofolia.

Fluid Extract—Dose: 1 to 2 drams.

Rhusin—Dose: 1 to 2 grains.

Rubus Villosus (*Blackberry*).—Tonic and strongly astringent. An excellent remedy in diarrhoea, dysentery, cholera infantum, relaxed conditions of the intestines of children, passive hemorrhage from the stomach, bowels, and uterus, and in colliquative diarrhoea.

Fluid Extract—Dose: $\frac{1}{4}$ to 1 dram.

Solid Extract—Dose: 4 to 6 grains.

Pills—2 grains each.

Rumex Crispus (*Yellow Dock*).—Alterative, tonic, mildly astringent, and detergent. Useful in scorbutic and syphilitic affections, leprosy, elephantiasis, &c.

Fluid Extract—Dose: 1 to 2 drams.

Rumin—Dose: 4 to 8 grains.

Pills—2 grains each.

Ruta Graveolens (*Rue*).—Its action is chiefly directed to the uterus; in moderate doses proving emmenagogue, and in large doses producing a degree of irritation in that organ which sometimes determines abortion. It has been successfully used in flatulent colic, hysteria, epilepsy, and is an efficient vermifuge.

Fluid Extract—Dose: 20 to 40 drops.

Solid Extract—Dose: 2 to 4 grains.

Pills—2 grains each.

Salis Alba (*Willow*).—Tonic and astringent, and has been employed as a substitute for quinia in intermittent fever. It is antispasmodic and febrifuge, and is less likely to offend the stomach and affect the nervous system than quinia.

Salicin—Dose: 2 to 10 grains.

Sanguinaria Canadensis (*Bloodroot*).—Valuable as an emetic, narcotic, and stimulant. In small doses it stimulates the digestive organs, and accelerates the circulation, while in large doses it produces nausea and consequent depression of the pulse. Used in typhoid pneumonia, catarrh, pertussis, scarlatina, rheumatism, jaundice, dyspepsia, &c. Considered a specific in the early stages of croup.

Fluid Extract—Dose: 5 to 15 and 40 to 60 drops.

Solid Extract—Dose: $\frac{1}{4}$ to $\frac{1}{2}$ and $2\frac{1}{2}$ to 5 grains.

Sanguinarin (*Resinoid*)—Dose: $\frac{1}{4}$ to 1 and $1\frac{1}{4}$ to 2 grains.

Sanguinarina (*Alkaloid*)—Dose: 1-30th to 1-10th grains.

Pills— $\frac{1}{2}$ and 1 grain each.

Scilla Maritima (*Squill*).—Squill is expectorant, diuretic, and in large doses, emetic and purgative. As an expectorant, it is used both in cases of deficient and superabundant secretion from the bronchial mucous membrane. It is used in dropsy to increase the secretory action of the kidneys.

Fluid Extract—Dose: Expectorant and Diuretic, 2 to 6 drops; Emetic, 12 to 24 drops.

SQUILL COMPOUND—Composed of *Squill* and *Seneca*.

Fluid Extract—Dose: 10 to 20 drops.

Scutellaria Lateriflora (*Sculleap*).—Sculleap is a valuable nervine. Those who have long used it, claim for it tonic properties, which give strength as well as quiet to the system, and that it does not, like other nervines, leave the system in an excited and irritable condition. Used in tic-doloureux, St. Vitus' dance, convulsions, tetanus, as well as in ordinary diseases of the nerves.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Scutellarin—Dose: 2 to 6 grains.

SCULLCAP COMPOUND—Composed of *Sculleap*, *Ladies' Slipper*, *Jalap*, and *Lettuce*.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Senecio Aureus (*Life Root*).—Diuretic, pectoral, dia-phoretic, and tonic. An excellent remedy in gravel and other urinary affections; is said to be a specific in stranguary; very efficacious in promoting menstrual discharges, and a valuable agent in the treatment of female diseases.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Senecin—Dose: 3 to 5 grains.

Sinarruba Excelsa (*Quassia*).—It possesses in the highest degree all the properties of simple bitters. It is purely tonic, invigorating the digestive organs, with little excitement of the circulation, or increase of animal heat. Particularly adapted to dyspepsia and to that debilitated state of the digestive organs which sometimes succeeds acute disease.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 3 to 5 grains.

Pills—1 grain each.

Smilax Officialis (*Sarsaparilla*).—Possesses a high reputation as an alterative in the treatment of chronic rheumatism, scrofulous affections, cutaneous affections, syphilitic diseases, and that depraved condition of the general health to which it is difficult to apply a name.

Fluid Extract—Dose: 1 dram.

Solid Extract—Dose: 5 to 20 grains.

Pills—3 grains each.

SARSAPARILLA COMPOUND—Compounded of *Sarsaparilla*, *Prince's Pine*, *Liquorice*, *Mecreton*, *Sassafras*, *Yellow Dock*, and *Bitterroot*.

Fluid Extract—Dose: 1 dram.

Solid Extract—Dose: 5 to 20 grains.

SARSAPARILLA AND DANDELION.

Fluid Extract—Dose: 1 dram.

Solanum Dulcamara (*Bittersweet*).—Chiefly used in syphilis or infusion in cutaneous diseases, scrofula, jaundice, syphilitic, rheumatic, and cachectic affections, leucorrhoea and obstructed menstruation. Possesses feeble narcotic powers and increases the secretions of the kidneys and the skin. It is especially beneficial in the treatment of cutaneous eruptions of a scaly character.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Solid Extract—Dose: 3 to 8 grains.

Pills—2 grains each.

Spigella Marilandica (*Pink Root*).—Powerful antelmintic. Over-doses excite the circulation, and determine to the brain, giving rise to vertigo, dimness of vision, &c.

Fluid Extract—Dose: $\frac{1}{2}$ to $1\frac{1}{2}$ drams.

PINK ROOT COMPOUND—Composed of *Pink Root*, *Senna*, *Sarin*, and *Manna*.

Fluid Extract—Dose: $\frac{1}{2}$ to 2 drams.

PINK ROOT AND SENNA.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Spiraea Tomentosa (*Hardhack*).—Tonic, astringent. As an astringent it is administered in diarrhoea, cholera infantum, and other complaints where astringents are usually indi-

cated, and is said to be less liable to disagree with the stomach than other astringents.

Fluid Extract—Dose: 4 to 20 drops.

Stillingia Sylvatica (*Queen's Root*).—Stillingia has reputation as an alterative, and as such is used in syphilitic affections, ordinarily requiring the use of mercury; is emetic and cathartic in large doses. It has been used with efficacy in secondary syphilis, scrofula, cutaneous diseases, chronic hepatic affections, and other complaints generally benefited by alteratives.

Fluid Extract—Dose: 20 to 40 drops.

Stillingin—Dose: 2 to 5 grains.

STILLINGIA COMPOUND.—Compounded of Stillingia, Turkey Corn, Blue Flag, Prince's Pine, Prickly Ash, Yellow Dock.

Fluid Extract—Dose: $\frac{1}{2}$ to 1 dram.

Strychnos Iguatia (*Iguatia Bean*).—It is applicable in the wide range of symptoms known as dyspeptic. It has a tonic, stimulating effect on all the organs connected with the digestive functions, by its acting directly on their nervous energies, exciting and equalizing their weakened and disturbed action. It possesses a large amount of strychnia, the active principle of the *Nux Vomica*.

Fluid Extract—Dose: 5 to 10 drops.

Solid Extract—Dose: $\frac{1}{2}$ to 1½ grains.

Pills— $\frac{1}{2}$ grain each.

Strychnos Nux Vomica (*Nux Vomica*).—*Nux Vomica* is a violent excitant of the cerebro-spinal system, and, in large doses, is an active poison. In small doses, frequently repeated, it is tonic, diuretic, and even laxative. It is employed principally in the treatment of paralysis. It is said to be more beneficial in general palsy and paraplegia, than in hemiplegia, and has also been found of benefit in local palsies, as of the bladder; likewise in amaurosis, spermatorrhea, and impotence.

Fluid Extract—Dose: 5 to 10 drops.

Solid Extract—Dose: $\frac{1}{2}$ to 2 grains.

Symphitum Officinale (*Comfrey*).—The therapeutic effects of the *Comfrey* are due to its mucilaginous properties, which act upon the mucous membranes. It is demulcent, and somewhat astringent. Useful in diarrhea, dysentery, coughs, hemoptysis, other pulmonary affections, leucorrhoea, and female debility.

Fluid Extract—Dose: 2 to 4 drams.

Symplocarpus Fœtidus (*Skunk Cabbage*).—Stimulant, antispasmodic, expectorant, and slightly narcotic. Useful in asthma, whooping-cough, nervous irritability, hysteria, epilepsy, chronic catarrh, pulmonary and bronchial affections.

Fluid Extract—Dose: 20 to 80 drops.

Taraxacum Dens-Leonis (*Dandelion*).—Valuable alterative, tonic, diuretic, and aperient. It has a specific action on the liver, exciting it to secretion when languid. Used with good effect in dyspepsia, diseases of the liver and spleen, and in the bilious condition of the stomach and bowels.

Fluid Extract—Dose: 1 to 2 drams.

Solid Extract—Dose: 10 to 20 grains.

Pills—2 grains each.

DANDELION COMPOUND.—Composed of *Dandelion*, *Mandrake*, and *Conium*.

Fluid Extract—Dose: 1 to 2 drams.

TARAXACUM AND SENNA.—In favor with many physicians as an antibilious purgative. Used successfully with children, who take it readily, seldom producing pain or nausea, and not likely to produce constipation. Used largely in place of castor-oil.

Fluid Extract—Dose: 1 to 2 drams.

Trifolium Pratense (*Red Clover*).—Highly recommended in cancerous ulcers of every kind, and deep, ragged edges, and otherwise badly-conditioned burns.

Solid Extract—To be used at discretion.

Trillium Pendulum (*Bethroot*).—Astringent, tonic, and antiseptic. It has been employed successfully in hematuria, leucorrhoea, cough, asthma, and difficult breathing.

Fluid Extract—Dose: 1 to 3 drams.

Trillin—Dose: 4 to 8 grains.

Valeriana Officinale (*Valerian*).—*Valerian* is tonic and antispasmodic. It is useful in cases of irregular nervous action, in the morbid vigilance of fever; in hypochondriasis, epilepsy, and occasionally in intermittent and remittent fevers.

Fluid Extract—Dose: $\frac{1}{2}$ to 1½ drams.

Solid Extract—Dose: 5 to 10 grains.

Pills—2 grains each.

Veratrum Viride (*American Hellebore*).—It is slightly acid, an excellent expectorant, a certain diaphoretic, nervine, and never narcotic, emetic, and arterial sedative, which last is its most valuable and interesting property, and for which it stands unparalleled and unequalled as a therapeutic agent.

Fluid Extract—For full directions, see BOOK OF FORMULÆ.

Veratrin—Dose: 1-16th to $\frac{1}{2}$ grain.

Pills— $\frac{1}{4}$ and $\frac{1}{2}$ grain each.

Xanthoxylum Fraxineum (*Prickly Ash*).—Used in languid conditions of the system; in rheumatism, chronic syphilis and hepatic derangements. The *Xanthoxylum* may be used in all cases when it is desired to stimulate and strengthen mucous tissues.

Fluid Extract—Dose: 15 to 45 drops.

Xanthoxylum—Dose: 2 to 6 grains.

Pills—1 grain each.

Zingiber Officinale (*Ginger*).—*Ginger* is a grateful stimulant and carminative, often given in dyspepsia, flatulency, and imperfect digestion, as well as in colic, nausea, gout, spasms, cholera morbus, &c.

Fluid Extract—Dose: $\frac{1}{2}$ to 1½ drams.

PHARMACEUTIC

Sugar-Coated Pills and Granules,

(Not included in the above list.)

$\frac{1}{32}$ grain each.

Arsenous Acid.—Alterative and febrifuge. Has been exhibited in scirrhus and cancer, anomalous ulcers, intermittent fever, chronic rheumatism, particularly that form of it attended with pains in the bones, hemicrania and periodical headache. *Dose*—1 to 3.

Atropa.—This alkaloid possesses the properties of the *ATROPA BELLADONNA* in a concentrated form. *Dose*—1 to 2.

Strychnia.—Its effects upon the system are identical in character with those of *Nux Vomica*, and it is employed for the same purposes, as a medicine. *Dose*—1 to 2.

Morphia.—The chief, if not the exclusive narcotic principle of opium, from which, however, it differs somewhat in its mode of action. *Dose*—1 to 5.

Veratrin.—Has been employed chiefly in gout, rheumatism, and neuralgia; also, in various nervous affections, as paralysis, whooping-cough, epilepsy, hysteria, and disorders dependent upon spinal irritation. *Dose*—1 to 3.

$\frac{1}{16}$ grain each.

Codein.—In the hands of M. Barbier it relieved painful affections having their seat in the great sympathetic. *Dose*—1 to 4.

$\frac{1}{6}$ grain each.

Iodine.—Principally employed in diseases of the absorbent and glandular systems. *Dose*—1 to 4.

$\frac{1}{4}$ grain each.

Kermes.—Recommended as an invaluable medicine in childbed fevers, to promote diaphoresis, and to reduce the force of the circulation. *Dose*—2 to 4.

Nitrate of Silver.—Tonic and antispasmodic. Employed in epilepsy, chorea, angina pectoris, and other spasmodic affections. *Dose*—1 to 2.

Proto-Iodide of Mercury.—Has been given in scrofula and scrofulous syphilis. *Dose*—1 to 2.

Tartar Emetic.—Employed as an emetic at the commencement of fevers, especially those of an intermittent and bilious character; in jaundice, whooping-cough, and croup; and in several diseases of the nervous system, such as mania, amaurosis, tic-douloureux, &c. *Dose*—1 to 2.

$\frac{1}{2}$ grain each.

Ammoniated Copper (U. S. P.).—Much employed in epilepsy, as it has also been used in chorea, hysteria, and worms. *Dose*—1 to 6.

Santonin.—Anthelmintic. Is much used in Europe in the treatment of worms. *Dose*—2 to 4.

Piperin.—Has been used alone in the treatment of intermittents, though it is more advantageously combined with sulphate of quinia, when the stomach is not fully susceptible to the action of quinia. *Dose*—2 to 4.

Quinia, Valerianate of.—In cases of debility attended with nervous disorder. *Dose*—1 to 3.

1 grain each.

Ext. Conium and Ipecac (U. S. P.).—An anodyne and expectorant combination, useful in chronic bronchial disorders. *Dose*—3 to 5.

Iron, Lactate of.—Possesses the general medical properties of the ferruginous preparations. Has a marked effect in increasing the appetite. Efficacious in chlorosis, with or without amenorrhoea. *Dose*—1 to 2.

Iron, Proto-Iodide of.—Tonic, alterative, diuretic, and emmenagogue. Sharpens the appetite, promotes digestion, and occasionally proves laxative. Chiefly employed in scrofulous affections, swellings of the cervical glands, visceral obstructions attended with deficient action, chlorosis, atonic amenorrhoea, and leucorrhoea. *Dose*—2 to 4.

Quevenne's Iron (reduced by Hydrogen).—Employed in anemia, chlorosis, amenorrhoea, chorea, and enlargement of the spleen following intermittent fever. Its general mode of action is to improve the quality of impoverished blood. *Dose*—3 to 6.

Quinia, Sulphate of.—Produces upon the system, so far as can be judged from observation, the same effects as Peruvian bark, without being so apt to nauseate and oppress the stomach. *Dose*—1 to 6.

Tannin.—Beneficial in diarrhea, in colligative sweats, in cases of chronic catarrh, with excessive and debilitating expectoration, in the advanced stages of whooping-cough, and in dysuria. *Dose*—2 to 4.

SUGAR-COATED PILLS.

2 grains each.

Anderson's (Antibilious and Purgative).—An excellent pill for promoting the biliary secretions, and uniting an alternative with its purgative action. *Dose*—1 to 3.

Bismuth, Sub-Nitrate of.—Antispasmodic, absorbent, and slightly sedative, and astringent. Principally employed in painful affections of the stomach, such as cardialgia, pyrosis, and gastrodynia; in spasmodic diseases; and in dysentery and diarrhea. *Dose*—2 to 4.

Calomel.—Peculiarly useful in the commencement of bilious fevers, in hepatitis, jaundice, bilious and painters' colic, dysentery, especially that of tropical climates, and all other affections attended with congestion of the portal system, or torpidity of the hepatic function. *Dose*—1 to 2.

Ext. Digitalis and Squill (U. S. P.).—In dropsy. The diuretic properties of each are enhanced by the combination. *Dose*—2 to 4.

Ipecac and Opium (Dover's Powder).—An admirable anodyne diaphoretic, not surpassed, perhaps, by any other combination in the power of promoting perspiration. *Dose*—2 to 6.

Iron, Citrate of.—A highly-esteemed ferruginous preparation. *Dose*—2 to 3.

Magnesia, Calcined.—Antacid and laxative; much used in dyspepsia, sick-headache, gout, and other complaints attended with sour stomach and constipation. *Dose*—2 to 5.

Magnesia and Rhubarb (1 grain of each).—An excellent combination in constipation and dyspepsia. *Dose*—1 to 4.

Opium and Acetate of Lead (1 grain of each).—Advantageous in hemorrhages, attended with great constitutional excitement. *Dose*—1 to 3.

Potassa, Tartrate of, and Iron.—Combines the cooling purgative qualities of the Tartrate, with the tonic properties of the Iron. *Dose*—2 to 4.

Potassium, Iodide of.—Useful in scrofulous affections, and is one of the best alternative remedies in mercurio-syphilitic sore throat. *Dose*—1 to 5.

Sulphur, Washed.—Principally used in hemorrhoidal affections, chronic rheumatism, and asthma. *Dose*—2 to 4.

Willow Charcoal.—Of advantage in diarrhea, and in dyspepsia. *Dose*—2 to 6.

2½ grains each.

Blue Pill (U. S. P., 2½ grains).—*Dose*: 2 to 4.

Blue Pill (U. S. P., 5 grains).—*Dose*: 1 to 3.

Hooper's Pills.—Extensively used for their emmenagogue properties. *Dose*—1 to 3.

3 grains each.

Cochia Pill.—*Dose*: 1 to 3.

Colocynth Compound and Blue Pill.—Employed in the commencement of fevers and febrile complaints; in congestion of the liver or portal system, and in obstinate constipation. *Dose*—2 to 3.

Colocynth Compound and Calomel.—Properties similar to the former. *Dose*—2 to 3.

Compound Calomel (Plummer's).—*Dose*: 1 to 2.

Compound Cathartic (U. S. P.).—Particularly adapted to the early stages of bilious fevers, to hepatitis, jaundice, and all those derangements of the alimentary canal, or of the general health, which depend on congestion of the portal circle. *Dose*—1 to 4.

Compound Cathartic, Improved (without Calomel).—Formula published in April and May No. of JOURNAL OF MATERIA MEDICA. Possesses the purgative, alternative, and cholagogue properties of the U. S. P. Compound Cathartic, at the same time not being open to the objection of including Calomel in its composition; and as a substitute for the U. S. P.

pill, it is confidently recommended to the profession. *Dose*—1 to 3.

Compound Iron (U. S. P.).—*Dose*: 2 to 6.

Copaiba and Ext. Cubebæ.—*Dose*: 2 to 4.

Copaiba, Ext. Cubebæ, and Citrate of Iron.—*Dose*: 1 to 4.

Dinner Pill (Lady Webster's).—A favorite pill in dyspepsia, indigestion, and constipation. *Dose*—1 to 3.

Ext. Colocynth Compound.—*Dose*: 2 to 6.

Ext. Colocynth Compound and Hyoscyamus (U. S. P.).—*Dose*: 1 to 6.

Ext. Cubebæ and Alum.—*Dose*: 2 to 4.

Ext. Cubebæ, Ext. Rhatany, and Iron.—*Dose*: 1 to 3.

Ext. Rhubarb and Iron (U. S. P.).—*Dose*: 2 to 3.

Gamboge Compound (U. S. P.).—*Dose*: 3 to 5.

Ipecac and Squill (U. S. P.).—*Dose*: 2 to 3.

Iron, Carbonate of (Vallet's Formula).—Particularly useful in chlorosis, amenorrhea, and other female complaints. Vallet's preparation is the best to produce the alternative effects of iron. *Dose*—3 to 10.

Manganese, Carbonate of, and Iron.—Tonic and alternative. Useful in syphilis, chlorosis, and various skin diseases. *Dose*—1 to 3.

Podophyllin and Blue Pill.—An excellent alternative and cholagogue combination. *Dose*—1 to 2.

Soap and Opium (U. S. P.).—A convenient form for administering opium in small quantities. *Dose*—1 to 3.

Squill Compound (U. S. P.).—Applicable to the treatment of chronic affections of the bronchial mucous membrane. *Dose*—2 to 3.

Storax Compound (U. S. P.).—*Dose*: 1 to 4.

4 grains each.

Aloette (U. S. P.).—Laxative in habitual costiveness. *Dose*—1 to 3.

Aloes and Assafoetida (U. S. P.).—Applicable to costiveness attended with flatulence and debility of the digestive organs. *Dose*—2 to 5.

Aloes and Iron (U. S. P.).—In constipation with debility of the stomach, especially when attended with amenorrhea. *Dose*—1 to 4.

Aloes and Myrrh (U. S. P.).—*Dose*: 3 to 5.

Aloes and Extract Gentian (U. S. P. Compound).—As a laxative to the constipation of sedentary and dyspeptic persons. *Dose*—1 to 5.

Assafoetida (U. S. P.) without smell.—A moderate stimulant, powerful antispasmodic, efficient expectorant, and feeble laxative. *Dose*—2 to 4.

Cook's Pill.—A very popular pill on the plantations through the South. *Dose*—1 to 3.

Copaiba, pure solidified.—Efficient in chronic diseases of the mucous membranes. *Dose*—2 to 6.

Iron, Sulphate of (U. S. P.).—As an astringent in diseases attended with immoderate discharges, such as passive hemorrhages, diabetes, leucorrhœa, gleet; as a tonic in dyspepsia, and in the debility following protracted diseases. *Dose*—1 to 5.

Rhubarb and Blue Pill.—Alternative, cholagogue, and slightly laxative. *Dose*—1 to 2.

Rhubarb Compound (U. S. P.).—Useful in costiveness with debility of the stomach. *Dose*—2 to 5.

Soda, Bi-carbonate of.—Resorted to in calculous cases, characterized by excess of uric acid. Given in infantile croup, with a view to the expulsion of the false membrane. *Dose*—2 to 5.

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Aug. 19-31m

MEDICAL ELECTRICITY IN BOSTON.

The Medical Profession are respectfully informed that Dr. GARRATT, 56 Summer st., is giving his entire attention to this branch of medicine. He is prepared to attend patients at their residence with this peculiar Element when required. He is also provided at his office and residence, with more ample apparatus and convenient appliances—some of which are in continual action—for treating all suitable cases of nervous irritability and exalted (polarized) spine, as well as diminished or exhausted nervous energy and debility, by Electricity and its modifications—*secundum artem*—so as to be gentle and agreeable, in most cases, even to the enfeebled and delicate.

The absolute Charlatan, as well as the hap-hazard family use of electricity, has for a long time much abused the public confidence. All cases thought to require the aid of this powerful agent, though as opposite as hyperæmia and anæmia, have alike been submitted to one and the same little battery treatment. No uniformity of success, nor even safety, could be expected to follow. It is familiar to physicians and surgeons that Elements, from a single one to a great number—intensity, quantity, aura, sparks, rapidity, length of time, and a hundred modified currents from different machines—all have their excellence and appropriate place in the treatment. But, to secure Electricity above and beyond quackery, as a reliable aid to medical practice in time of need—for a class of peculiar cases, occurring more or less in every physician's ride, it must have the positive aid and kindly co-operation of all true medical men. Dr. G. has retired from a general practice of medicine, and devotes himself exclusively to this. Office hours from 8 to 2 and from 3 to 5, at 56 Summer st., in the square, front of Rev. Dr. Dewey's church.

July 23.

PHARMACEUTICAL GRANULES AND DRAGEES (*Sugar coated Pills*)—of GARNIER, LAMOURIEUX & Co., members of the College of Pharmacy, Paris.

All the pills of the U. S. Pharmacopœia.

All preparations of Iron, Quinine, Santonine, &c.

All the combinations of Copaiba, Cubebs, &c.

All the alkaloids in granules of 1-5 to 1-50 of a gr.

These pills are all covered with a coating of sugar, and present great advantages in the quadruple point of view, of the exactness of the weight of the medicine, of its perfect preservation, its convenient and agreeable administration, and above all, its sensibly increased therapeutic action in the form of Dragees. Agent for the United States,

F. A. REICHHARD,
127 Duane st., New York

Oct. 22-1yr*

PARKER'S COMPOUND VEGETABLE OIL and *Patent Ventilating Nipple Shield*—for the cure of chapped or sore nipples. For sale by

J. BARTLETT PATEN, *Druggist*,

Cor. of Harrison Avenue and Beach st., Boston.

Sept. 2-1f

MUTUAL LIFE INSURANCE.—The New England Mutual Life Insurance Company (Office Merchants' Bank Building, 14 State street, Boston) insures lives on the mutual principle.

Accumulation—over \$50,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested.

The business conducted exclusively for the benefit of the persons insured.

The greatest risk taken on a life, \$15,000.

Surplus distributed among the members every fifth year, from Dec. 1, 1843.

Premiums may be paid quarterly or semi-annually, where desired, and amounts not to fall.

Forms of application and pamphlets of the Company, and its reports, to be had of its agents, or at the Office of the Company, or forwarded by mail, if written for, post-paid.

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May 14.

BLANCARD'S PILLS OF UNCHANGEABLE IODIDE OF IRON.—(*The only Formula adopted by the French Academy of Medicine*). Authorized by the Medical Board of St. Petersburg. Honorable mentions at the universal exhibitions in the cities of New York, 1853, and Paris, 1855.

"I would add that I have already prescribed, with advantage, the pills prepared according to the formula of M. Blancard, and that the end of the perfect preservation of the iodide of iron is completely attained. This excellent medicine will be more frequently prescribed in future than it has been."—BOUCHARDAT, *Annuaire de Therapeutique pour l'Année 1851*, p. 139.

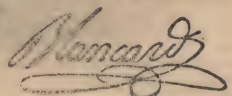
Every physician, every work of medicine, regards the iodide of iron as an excellent preparation, which unites the properties of both iodine and iron. It is especially useful in chlorotic, strumous and tuberculous affections, in leucorrhœa, amenorrhœa, &c.; it strengthens lymphatic and debilitated systems.

Each pill contains one grain of iodide of iron, and is covered with one-fifth of a grain of minutely-pulverized iron, and the whole coated with a layer of balsam of tolu. Dose, 2 to 4 pills a day.

N. B.—Iodide of iron, which is impure, or which has undergone a change, is an uncertain, and sometimes a dangerous remedy, in consequence of the presence of free iodine; the physician can always assure himself of the purity of Blancard's Pills, by means of the *seal of reactive silver* which accompanies them. None are genuine which have not this *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

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June 11, 1857.—1y

DR. L. V. BELL, having retired from the McLean Asylum, will attend calls in consultation only, in city and country, whenever his services may be thought useful. No. 4 Concord street, Monument Square, Charlestown, Mass. April 3-1f

VACCINE VIRUS.—Physicians in any section of the United States, can procure true quills charged with *Pure Vaccine Virus* by return of mail, on addressing Dr. J. V. C. SMITH, Park st., basement of the Park street Church, corner of Tremont, Boston, enclosing one dollar.

Oct 22

MEDICAL JOURNAL ADVERTISING SHEET.

FRENCH SKELETONS.—Those desirous of purchasing can have an opportunity of selecting from a fine lot just received from Paris. Also, a new lot of French Rubber Urinals, Pessaries, Elastic Hose, &c. &c.

CODMAN & SHURTLIFF,
Oct. 7—cow4t. 13 Tremont St., Boston

PHARMACEUTICAL GRANULES AND DRAGEES (Sugar coated Pills)—of GARNIER, LA-MOUREUX & Co., members of the College of Pharmacy, Paris.

All the pills of the U. S. Pharmacopœia.
All preparations of Iron, Quinine, Santonine, &c.
All the combinations of Copaiba, Cubebs, &c.
All the alkaloids in granules of 1-5 to 1-50 of a gr.
These pills form a reliable and eligible mode for prescription, and possess special advantages in country practice, as the sugar coating not only renders them palatable, but preserves their strength and protects them from changes occasioned by exposure to air and light. For sale, wholesale and retail, by I. BARTLETT PATTEN, *Druggist*,
32 Harrison Avenue, cor. Beach st., Boston.

Sept. 9.

ANTI-CHOLERA.—I. B. PATTEN'S *Disinfecting Fluid*—a valuable means of destroying the infection of Cholera, also of Dysentery, typhus and other Fevers; for purifying Pails, Faults, Cess-pools, and all foul and infectious places. It is quicker and more certain than other similar articles, and exhales no odor of its own, as Labarraque's and others do. Prepared and for sale only by
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Sept. 2—tf

QUERU'S COD-LIVER OIL JELLY—Approved by the New York Academy of Medicine, June 3d, 1857, contains 85 per cent. pure oil. This jelly can be eaten and no taste of the oil perceived. All the virtues of the oil are retained in it, and not only all retained, but increased; as being taken into the stomach in a semi-fluid state, it is slowly dissolved, and its digestion and assimilation are complete. Invented and prepared solely by E. QUERU, Practical Chemist, 135 Fourth Avenue, New York.

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BURNETT'S PURE COD-LIVER OIL.—Carefully Prepared only from Fresh and Healthy Livers, by THEODORE METCALF & Co., Apothecaries, 39 Tremont Street, Boston, Mass., sole proprietors.

From Pereira's *Material Medica*, Vol. II., Part II. page 2243.

"The experience of the profession at large appears now quite to have established the fact that Cod-Liver Oil is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis: that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death."

Dec. 13.

FOUGERA'S COMPOUND DRAGEES OF SANTONIN—a new, safe and efficacious vermifuge. For sale by I. BARTLETT PATTEN, S 2—tf 32 Harrison Avenue, cor. of Beach st.

DR. J. H. DIX has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.
Dec. 24, 1857.

DR. CABOT has removed to No. 11 Park Square, four doors north from the corner of Eliot st., nearly opposite the depot of the Providence Railroad. Office hour from 12 to 1, as heretofore.
Aug. 26—1y

TO THE MEDICAL PROFESSION.—The Subscriber, having resumed the practice of his profession, will devote himself to the diagnosis and treatment of Thoracic Diseases. He will visit for consultation any of the New England States. His office hours, in the city, will be from 11 A.M. until 1 P.M., at 15 Winthrop Place. He will likewise receive private pupils either singly or in classes, for a longer or shorter period.

HENRY I. BOWDITCH.

Boston, Oct. 6, 1852.

tf

MASSACHUSETTS GENERAL HOSPITAL.—Applications for admission of patients to the Massachusetts General Hospital should be made, personally if possible, to the Resident Physician at the Hospital. Persons not residing in the city, are expected to forward an account of their case, prepared by their attending physician, accompanying their letter of application.

BENJAMIN S. SHAW, M.D.,

July 15, 1858—3m

Resident Physician

BOUDAULT'S PEPSINE.—As digestion in the healthy stomach is performed by a peculiar agent, Pepsine (always present in the normal state, but deficient in many diseases), the best and most natural way to re-establish the digestion, when this agent fails or is deficient, is to administer the Pepsine itself. Mr. Boudault offers this article to the notice of medical men in the state of a powder, pleasant and palatable. It is carefully prepared by treating with water the fourth stomach of herbivorous animals. For the last few years this medicine has been used with great success by the most enlightened physicians of Europe and America, in dyspepsia, gastralgia, in slow and difficult digestion following fevers, and also in consumption and other chronic diseases.

(See *Philadelphia Journal of Pharmacy*, May, 1857, page 233.)

Directions.—The Pepsine can either be administered alone, or given in connection with any medicine required by the case. The dose for an adult is one powder of fifteen grains, to be taken once or twice a day before eating. A convenient way is to take it in empty gelatinous capsules, or between two pieces of bread. The dose for a child is proportionate to its age. It is well after using this agent a week or more, to discontinue it for a few days, and then resume it, if required by the state of the digestion.

Each bottle of Boudault's Pepsine contains 10 powders of 15 grains each. Retail price, one dollar per bottle. Pepsine comes also in powder, put up in one ounce bottles.

General Agents for the United States.—E. & S. Fougere, Pharmacutists, New York and Brooklyn. Agents—T. Metcalf & Co., Pharmacutists, Boston, Mass.; Andrews & Thompson, Pharmacutists, Baltimore, Md.; S. Synes, Pharmacist, Philadelphia, Penn. To be found also in the First Class Drug Stores throughout the Union. ap22—1y

PARKER'S COMPOUND VEGETABLE OIL AND PATENT VENTILATING NIPPLE SHIELD.—For the Cure of Chapped or Sore Nipples.—As this Compound is perfectly harmless, the Patient need have no fear whatever in its free use. The taste being pleasant, the child never refuses its accustomed nourishment on account of it.

The Oil has been used by the Proprietor's friends for many years, and has never failed to produce what is most desired—a healthy, well nipple, thereby rendering all other artificial means useless.

By the use of this Compound, with the Ventilating Shield, according to the directions, the patient may rest assured a cure will be effected, as it has never failed to do all claimed for it whenever it has been tried.

This method of treating sore nipples has been tried very successfully by many physicians in Boston, among whom are Drs. Walter Channing, John Homans, Sewall F. Parcher and D. V. Folts—to whom Mr. Parker is allowed to refer.

Weeks & Potter, 134 Washington street, Boston, agents for the N. E. States; and for sale by all Druggists. Aug 12—1yr*

DR. BOWDITCH has removed to No. 15 Winthrop Place, a few doors only from his former residence.
Sept. 19, 1855—3t

DR. HENRY W. WILLIAMS,
33 Essex Street, Boston.
Special attention given to Diseases of the Eye.
Nov. 5, 1848.—eptf

THE

Boston Medical and Surgical Journal

IS PUBLISHED EVERY THURSDAY

At 164 Washington st., corner of Franklin st.

DAVID CLAPP, PROPRIETOR AND PUBLISHER.

Price.—Three dollars a year, in advance; if not paid within the year, \$4. For a single copy, 8 cents.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1599.] Thursday, Oct. 14, 1858. [Vol. LIX, No. 11.

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HARVARD UNIVERSITY. MASSACHUSETTS MEDICAL COLLEGE.

THE Annual Course of the Medical Lectures of Harvard University will commence at the Massachusetts Medical College in North Grove St., Boston, on the first Wednesday of November, 1858. The regular course will be as follows:—

D. HUMPHREYS STORER, M.D., Professor of Obstetrics and Med. Jurisprudence.
 JOHN B. S. JACKSON, M.D., Professor of Morbid Anatomy.
 GEORGE C. SHATTUCK, M.D., Professor of Clinical Medicine, and Adjunct Professor of the Theory and Practice of Medicine.
 OLIVER WENDELL HOLMES, M.D., Professor of Anatomy and Physiology.
 HENRY J. BIGELOW, M.D., Professor of Surgery and Clinical Surgery.
 EDWARD H. CLARKE, M.D., Professor of Materia Medica.
 JOHN BACON, M.D., Professor of Chemistry.

RICHARD M. HODGES, M.D., Demonstrator.

Clinical Medical and Surgical Instruction is given at the Massachusetts General Hospital, with Surgical Operations.

Collateral special medical instruction will also be given at the Hospital by Lectures and otherwise, by Drs. Bowditch, Abbot and Ellis.

Abundant Material is afforded for the study of Practical Anatomy. The Room devoted to this department is open day and evening, and lighted by gas.

Fees for the Lectures, \$80; Matriculation fee, \$3; Graduation fee, \$20. Hospital and Library gratuitous.

Good Board can be obtained at \$3 to \$4 per week. Boarding places provided on application to the Janitor at the College.

Students are requested, upon coming to Boston, to call upon the Dean.

D. HUMPHREYS STORER, *Dean of the Faculty,*
No. 132 Tremont St., Boston.

* * Circulars can be obtained gratis, upon application to David Clapp, Medical and Surgical Journal Office, over 184 Washington street, Boston.

August 26th, 1858.—tL

MEDICAL JOURNAL ADVERTISING SHEET.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY. Session 1858-59.
ELISHA TOWNSEND, D.D.S., Emeritus Professor of Operative Dentistry.

Faculty.

C. N. PEIRCE, D.D.S., Prof. of Dental Physiology and Operative Dentistry.

T. L. BUCKINGHAM, D.D.S., Prof. of Chemistry and Metallurgy.

J. L. SUSSEROTT, D.D.S., Prof. of the Principles of Dental Surgery and Therapeutics.

J. H. MCQUILLEN, D.D.S., Prof. of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S., Prof. of Mechanical Dentistry.

D. H. GOODWILLIE, D.D.S., Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S., Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at 3 o'clock, P.M. The most ample facilities are furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's ticket included, \$100; Matriculation Fee, \$5; Diploma Fee, \$30.

For further information, address

T. L. BUCKINGHAM, *Dean*,
No. 243 North 9th st., Phila.

Aug. 19-3m

MEDICAL ELECTRICITY IN BOSTON.

The Medical Profession are respectfully informed that Dr. GARRATT, 56 Summer st., is giving his entire attention to this branch of medicine. He is prepared to attend patients at their residence with this peculiar Element when required. He is also provided at his office and residence, with more ample apparatus and convenient appliances—some of which are in continual action—for treating all suitable cases of nervous irritability and exalted (polarized) spine, as well as diminished or exhausted nervous energy and debility, by Electricity and its modifications—*secundum artem*—so as to be gentle and agreeable, in most cases, even to the enfeebled and delicate.

The absolute Charlatan, as well as the hap-hazard family use of electricity, has for a long time much abused the public confidence. All cases thought to require the aid of this powerful agent, though as opposite as hyperæmia and anæmia, have alike been submitted to one and the same little battery treatment. No uniformity of success, nor even safety, could be expected to follow. It is familiar to physicians and surgeons that Elements, from a single one to a great number—intensity, quantity, aura, sparks, rapidity, length of time, and a hundred modified currents from different machines—all have their excellence and appropriate place in the treatment. But, to secure Electricity above and beyond quackery, as a reliable aid to medical practice in time of need—for a class of peculiar cases, occurring more or less in every physician's ride, it must have the positive aid and kindly co-operation of all true medical men. Dr. G. has retired from a general practice of medicine, and devotes himself exclusively to this. Office hours from 8 to 2 and from 3 to 5, at 56 Summer st., in the square, front of Rev. Dr. Dewey's church.
July 22.

RADICAL CURE OF HERNIA.—Dr. HEATON continues to cure Hernia or Rupture in all its forms, by his safe, effectual, and comparatively painless mode of operation. He also attends to female complaints—to the treatment and cure of Varicocele, Hydrocele, Hemorrhoids, &c. &c.

Patients from the country received as heretofore, at 72 Lincoln street. Consultations from 8 to 10 A.M., and from 3 to 4 P.M., daily, at his residence No. 2 Exeter Place, Boston. May 3—eoptf

PARKER'S COMPOUND VEGETABLE OIL and *Patent Ventilating Nipple Shield*—for the cure of chapped or sore nipples. For sale by

I. BARTLETT PATTEN, *Druggist*,
Cor. of Harrison Avenue and Beach st., Boston.
Sept. 2—tf

A GOOD LOCATION IN SOUTHERN BERKSHIRE.—Dr. A. P. TICKNOR, of Monterey, Mass., owing to ill health, wishes to sell his Real Estate and Practice to a good Physician—average, \$1,000 per year. No competition—good pay.
S. 23-3t

NEW YORK MEDICAL COLLEGE.—The Annual Course of Lectures will commence on Tuesday, Oct. 20th, 1858, and close in the first week in March, 1859. The preliminary course will continue from September 20th, till the regular course begins.

HORACE GREEN, M.D., LL.D., President of the Faculty, Emeritus Professor of Theory and Practice of Medicine, and Professor of Diseases of the Respiratory Organs. No. 12 Clinton Place.

EDWIN HAMILTON DAVIS, M.D., Prof. of Materia Medica and Therapeutics. No. 324 Fourth Avenue.

B. FORDYCE BARKER, M.D., Prof. of Obstetrics and the Diseases of Women and Children. No. 70 Union Place.

R. OGDEN DOREMUS, M.D., Prof. of Chemistry and Medical Jurisprudence. No. 70 Union Place.

J. M. CARNOCHAN, M.D., Prof. of the Principles and Operations of Surgery, with Surgical Pathology. No. 45 Lafayette Place.

EDMUND R. PEASLEE, M.D., Prof. of Physiology and General Pathology. No. 30 Clinton Place.

HENRY G. COX, M.D., Professor of Theory and Practice of Medicine, and of Clinical Medicine. No. 524 Houston Street.

TIMOTHY CHILDS, M.D., Prof. of General, Descriptive, and Microscopic Anatomy.

Fees.—For the regular Course, \$105. Matriculation, \$5. Dissecting Ticket, \$5. Graduation, \$30.

There are four weekly Cliniques at the College. Admittance to the Hospitals free.

For particulars in regard to Boarding Houses, &c., apply to the Janitor, Mr. Paterson, at the College, No. 90 East Thirteenth Street.

R. O. DOREMUS, *Dean*.

New York, August, 1858.

Aug. 12—eow8t

CITY OF BOSTON.—City Physician's Office and Vaccine Institution, Niles's Block, Court Sq.

Hour for Vaccination, from Twelve to One o'clock, daily. Residence 4 Pemberton Square. At home every day, at 3 o'clock.

HENRY G. CLARK,
City Physician.

May 29—eowtf

MUTUAL LIFE INSURANCE.—The New England Mutual Life Insurance Company (Office Merchants' Bank Building, 14 State street, Boston) insures lives on the mutual principle.

Accumulation—over \$870,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested.

The business conducted exclusively for the benefit of the persons insured.

The greatest risk taken on a life, \$15,000. Surplus distributed among the members every fifth year, from Dec. 1, 1843.

Premiums may be paid quarterly or semi-annually, where desired, and amounts not to fall.

Forms of application and pamphlets of the Company, and its reports, to be had of its agents, or at the office of the Company, or forwarded by mail, if written for, post-paid.

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May 14.

TO THE MEDICAL PROFESSION.—The Subscriber, having resumed the practice of his profession, will devote himself to the diagnosis and treatment of Thoracic Diseases. He will visit for consultation any of the New England States. His office hours, in the city, will be from 11 A.M. until 1 P.M., at 15 Winthrop Place. He will likewise receive private pupils either singly or in classes, for a longer or shorter period.

HENRY I. BOWDITCH.

Boston, Oct. 6, 1852.

tf

DR. L. V. BELL, having retired from the McLean Asylum, will attend calls in consultation only, in city and country, whenever his services may be thought useful. No. 4 Concord street, Monument Square, Charlestown, Mass. April 3—tf

VACCINE VIRUS.—Physicians in any section of the United States, can procure ten quills charged with *Pure Vaccine Virus* by return of mail, on addressing Dr. J. V. C. SMITH, Park st., basement of the Park street Church, corner of Tremont, Boston, enclosing one dollar. Oct 23

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIX.

THURSDAY, OCTOBER 14, 1858.

No. 11.

SPONTANEOUS PTYALISM.

[Communicated for the Boston Medical and Surgical Journal.]

BY WALTER CHANNING, M.D.

C., between 30 and 40 years of age; not married; catamenia regular. July, 1857, had feeling of coldness in left thorax, referred to the heart; strength remained, and she did her work, being a house-maid. This heart trouble continued for several months. In January, 1858, had very severe heartburn, at which time the coldness in the chest entirely ceased. Accompanying this heartburn were nausea and vomiting, following every meal, for six weeks, when spitting of a dense, opaque, white frothy mucus, or saliva, began—night and day, most at night—resembling froth on milk at milking. This came up in the throat, when it was ejected without cough. After it had stood, the froth disappeared, and the substance exactly resembled thick, clear arrow-root gruel. In the morning, the white matter was streaked with blood, occurring in the first raising in the morning, and going off soon after. Has been attended by Dr. —, who treated her case as dyspepsia. She came under my care about two months ago, her spit being still bloody in the morning. Having tried bismuth and other means, among which was the chlorate of potassa, in full doses, for a few days, the last with some benefit, she got the nitrate of silver with opium in pills, after which, for a few days, the bloody raising ceased. The white frothy matter continued to be spit as freely as ever. She then got the following pills (this was the 28th of May), and this evening, June 4th, gives me the above report of her case, adding that she has lost much flesh. *R.* Opii, gr. vi.; cupri sulphat., gr. i. M. Ft. pil. No. vi. One at bed time, and a half one in the morning.

Reported next day, a good night, with very little spitting; has been daily improving to the present date, June 4th. At times, no raising for four hours or more. Before this, was constantly spitting, so as often to interrupt speaking. She has had some measure of the quantity raised, using a vessel to receive it, and says it was daily from one to two quarts. Says that for the last week the spit has had a taste similar to that produced by holding a cent in her mouth. Says, in addition to above symptoms, that she has had

sense of weakness at the stomach, accompanied by a soreness which extended quite to her throat. Has for the past week felt very little of these troubles. Her appetite, which had much failed, has improved in the last week. She feels altogether like a different person from what she was a few weeks ago. Directed her to take half a pill, night and morning, for three days, and then half a pill only at bed time—her nights having from the first been most disturbed by spitting.

June 20th.—Spitting has entirely ceased. The appetite is good. Food produces no trouble. Patient reports herself as in perfect health, and is gaining flesh.

Cases, resembling the above, have before come under my care. Spontaneous ptialism is an occasional sign, and may be a disease of pregnancy. It becomes the last in its excess, and in the difficulty of checking or removing it. It disturbs sleep. It diminishes or destroys the appetite. In C.'s case, above, it was not easy to get down enough food for sustenance. There was at times nausea, and sometimes vomiting. These accompany it in pregnancy. When the cupri sulphas was used, the stomach was quiet; and neither nausea nor vomiting was produced by doses which not infrequently produce both. Did its combination with opium prevent these? May it not be used, in the same preparation, in other functional disturbances of the stomach, whether from reflex function, or from organic lesion?

Other cases have come under my care, without the existence of pregnancy, and so resemble closely that of C. These have long resisted treatment, and have at length worn themselves out.

CAUSTIC POTASH AS AN APPLICATION TO THE INTERIOR OF THE UTERUS.

BY HORATIO R. STORER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ONE case of this operation, performed in February, 1857, is already on record.* A second is now reported.

The patient, Mrs. B., was sent me by Dr. McIntire, of Goshen, N. H., in January, 1858. The usual symptoms of intra-uterine polypus were present, of long standing and increasing; the disease had been properly diagnosticated, and the necessity of operating decided upon.

On dilatation by tents, I found that the mass was fibrous, sessile, wholly above and within the inner sphincter, and attached laterally, or could not be surrounded by ligature, nor grasped by forceps or the chain of an *écraseur*. I therefore decided on the application of caustic potash.

* Boston Medical and Surgical Journal, Nov., 1857, Vol. LVII., p. 289.

Being about to be absent for some months from this part of the country, I returned the patient to the care of my friend, of whose skill, good judgment and courage, ample evidence had been given me in previous cases, with directions to lessen, if possible, the bulk of the tumor, by milder caustics, and then apply the more powerful agent. On returning, I received from Dr. McIntire, by letter dated June 24th, the intelligence that he had followed my instructions, and that his patient was cured. A portion only of the tumor could be removed by the milder agents, but the more obstinate remainder had yielded to the potash, and was entirely obliterated. The disease has shown no tendency to return, and the cervical canal is left free.

An experience of only two cases cannot be considered as positively conclusive of the safety of this operation. At the time it was first proposed, in April, 1856, I stated, and still remain of the opinion, that the use of the potash should be confined to the diseased surface, wholly or as much as possible, for this is enjoined by common sense; and that it should be resorted to only where safer measures are useless or impossible. These conditions have obtained in both Dr. Jones's and Dr. McIntire's cases; and in the one the operation has been followed by a partially, and in the other, thus far, by a wholly successful result.

7 *Chester Park*, Oct. 1st, 1858.

FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Continued from page 138.]

Results.—Eight times I have found the arm shortened, from half an inch to one inch, or a little more.

Muscular ankylosis is almost always present when the apparatus is first removed, and it is seldom completely dissipated until after several months; but I have found more or less ankylosis at seven and nine months, and twice after the lapse of three years the motions of the joint have been very limited. A few years since, I examined the arm of a gentleman who was then 27 years old, and who informed me that when he was 4 years old he broke the humerus just above the condyles. There still remained a sensible deformity at the point of fracture—he could not completely supine the arm. The whole arm was weak, and the ulnar nerve remarkably sensitive. The ulnar side of the forearm, with the ring and little finger, are numb, and have been in this condition ever since the accident. I know the surgeon very well who had charge of this case, and I have no doubt that the treatment was carefully and skilfully applied.

In June, of 1850, I operated upon a lad, 9 years old, by sawing

off the projecting end of the upper fragment, whose arm had been broken nine months before. This fragment was lying in front of the lower, and the skin covering its sharp point was very thin and tender. There was no ankylosis at the elbow-joint, but the hand was flexed forcibly upon the wrist, the first phalanx of all the fingers extended, and the second and third flexed. Supination and pronation of the forearm were lost. The forearm and hand were almost completely paralyzed, but very painful at times. The median nerve could be felt lying across the end of the bone.

In the hope that some favorable change might result to the hand by relieving the pressure upon the nerve, yet with not much expectation of success, I exposed the bone and removed the projecting fragment. The nerve had to be lifted and laid aside. About one year from this time I found the arm in the same condition as before the operation.

Non-union is a result not so frequent in fractures at this point as higher up; but Stephen Smith, of the Bellevue Hospital, New York, reports a case of non-union in a young man of 23 years. He was admitted to the hospital on the seventh day after the accident. The fracture was simple and transverse, yet at the end of four months he was dismissed "with perfectly free motion at the point of fracture."* The failure to unite was attributed to a syphilitic taint.

A case was recently tried in the Supreme Court at Brooklyn, N. Y., in which, after a simple fracture at this point, the arm being dressed with splints and bandages, the little finger sloughed off, in a condition of dry gangrene, and the adjacent parts of the hand were attacked with humid mortification. Drs. Parker and Prince believed that this serious accident was the result of bandages applied too tightly and suffered to remain too long, while Drs. Valentine Mott, Rogers, Wood, Ayres, Dixon and others, believed that the gangrene might have been due to other causes over which the surgeon had no control.†

A few years ago a similar case occurred in the town of Spencer, Tioga Co., N. Y.; a boy, 6 years old, having broken his humerus just above the condyles. The fracture was oblique. The surgeon who was called to treat the case was an old and highly respectable practitioner. I am not informed of the plan of treatment any farther than that a roller was applied. On the eighth day, a second surgeon was employed, who, finding the hand cold and insensible, removed all of the dressings; after which the thumb and forefinger sloughed, with other portions of the skin and flesh of the hand and arm. The surgeon who was first in attendance was prosecuted, and the case was tried in the Supreme Court of that County, but the jury found no cause of action. Dr. Hawley, of Ithica, and the late Dr. Webster, of Geneva Medical College, tes-

* S. Smith. *New York Journal of Medicine*, May, 1857, p. 386, Third Series, Vol. ii.

† *New York Medical Gazette*, Vol. xii., pp. 46, 80, 111.

tified that, in their opinion, the death of the fingers was owing to the pressure of the fragment upon the brachial artery, and not to the tightness of the bandages.

Dr. Gross has also informed of still another case of the same character, which occurred in Warren Co., Ky. A boy, 10 years old, had broken his arm above the condyles, and his parents having employed a surgeon residing at some distance, the dressings were applied, and directions given to send for the surgeon whenever it became necessary. The parents saw the arm swell excessively, and knew that the boy was suffering very much, but did not notify the surgeon until the tenth day, when the hand was found to be in a condition of mortification, and at length amputation became necessary.

Long afterward, in the year 1851, when the boy became of age, he prosecuted his surgeon, but with no result to either party beyond the payment of their respective costs.

While I would not deny that in all of these cases the sloughing might have been solely due to the tightness of the bandages, against which cruel and mischievous practice we cannot too loudly disclaim, a knowledge of the anatomy of these parts, and the opinions of the very distinguished gentlemen who testified in defence of these surgeons, must compel us to admit the possibility of such accidents where the treatment has been skilful and faultless.

Treatment.—The splints generally employed in this country, in fractures about the elbow-joint, are simple angular side splints, without joints, such as those recommended by Physick.*

Angular pasteboard splints, felt, gutta percha, &c., or angular splints with a hinge, such as Kirkbride's,† Thomas Hewson's, Day's, or Rose's, or the more perfect and elegant angular splint of Welch.

Kirkbride's splint, which has been used in the Pennsylvania Hospital in several instances, is composed of two pieces of board, connected together by a circular joint, and having eyes on the inner edge, two inches apart, and holes through the splint at graduated distances between them. There is also a swivel eye, passing through the upper part of the splint, and reverted below. A wire is fastened to the swivel, and bent at right angles at its other extremity; of a size to fit the eyes and holes in the splint. This splint, properly supported by pads, is to be placed either upon the outside or inside of the arm, and secured by rollers. When the angle is to be changed, the wire is unhooked and removed to another eye, or to some of the intermediate holes upon the side of the splint. Dr. Kirkbride reports two cases of fracture of the lower part of the humerus treated by this plan, one of which resulted in ankylosis, but the other was much more successful.

For myself, I generally prefer gutta percha, moulded and ap-

* Elements of Surgery, by John Syng Dorsey, Philadelphia Edition, Vol. i., p. 145.

† American Journal of Medical Sciences, Vol. xvi., p. 315.

plied accurately to the limb, in the same manner as I have already directed in fractures of the surgical neck and shaft of the humerus, except that it shall be extended beyond the elbow to the wrist, so as to support the whole length of the arm, elbow and forearm. Some experience in the use of wooden angular splints has convinced me that they cannot be very well fitted to the many inequalities of the limb; and neither pasteboard nor binder's board have sufficient firmness, especially in that portion which covers the joint. Angular splints, furnished with a movable joint, possess the advantage of enabling us to change the angle of the limb at pleasure, and of keeping up some degree of motion in the articulation without disturbing the fracture or removing the dressings; but their cross bars render them complicated, and are always in the way of a nice application of the rollers, while they are equally liable to the objection stated against angular wooden splints without joints, viz., that they seldom can be made to fit accurately the many irregularities of the arm, elbow and forearm. Welch's splints, made of a material possessing a slight amount of flexibility, and concave toward the limb, approach more nearly the accomplishment of these indications than any other manufactured splint with which I am acquainted, but the number of cases in practice to which they are applicable will be found to be limited, while gutta percha has no limit in its application.

Whatever material is employed, a pretty large pledget of fine cotton batting ought to be laid in front of the elbow-joint, to prevent the rollers from excoriating the delicate and inflamed skin, and great care should be taken to protect the bony eminences about the joint, or, rather, to relieve them from pressure, by increasing the thickness of the pads above and below the prominences.

At a very early day, so early, indeed, as the seventh or eighth day, the splint should be removed, and while the fragments are steadied, gentle, passive motion should be inflicted upon the joint. This practice should be repeated as often as every second or third day, in order to prevent, as far as possible, ankylosis. If much swelling follows the injury, it is my custom to open the dressings, without removing the splints, on the second or third day after the accident, or at any time when the symptoms admonish us of its necessity. Occasionally, it is well to change the angle of the splint before reapplying it. If the angular splint, with a movable joint, is used, slight changes may be made while the splint is on the arm, but if the angle is much changed without removing the rollers, they become unequally tightened over the arm and may do mischief.

When ankylosis has actually taken place, we may more or less overcome the contraction of the muscles and of the ligaments by passive motion, or by directing the patient to swing a dumb bell, or some heavy weight in his hands, as first recommended by Hilanus.

§ 7. *Fracture at the base of the Condyles, complicated with Fracture between the Condyles, extending into the Joint.*

This fracture, which is but a variety or complication of the preceding fracture, is even more difficult of diagnosis; and its signs, results and proper treatment differ sufficiently to demand a separate consideration.

I have recognized the accident four times. Confined to no period of life, it seems to be the result of a severe blow inflicted directly upon the lower and back part of the humerus, or upon the olecranon process. Dr. Parker, of New York, was inclined to regard an obscure accident about the elbow-joint, which he saw in a lad 16 years old, as a longitudinal fracture of the humerus, with separation of one condyle, but which had been occasioned by a fall upon the hand.* For myself, I should regard this latter circumstance as presumptive evidence that it was not a fracture of this character, yet I do not mean to deny the possibility of its occurrence in this way.

Its characteristic symptoms are, increased breadth of the lower end of the humerus, occasioned by a separation of the condyles; displacement upward and backward of the radius and ulna; crepitus and mobility at the base of the condyles, with crepitus also between the condyles, developed by pressing the condyles together; or, when the radius and ulna are drawn up, by restoring these bones first to place by extension, and then pressing upon the opposite condyles; shortening of the humerus.

Its consequences are, generally, great inflammation about the joint, permanent deformity and bony ankylosis. An opposite result must be regarded as fortunate, and as an exception to the rule.

Of its treatment, we can only say that it must be chiefly directed to the prevention and reduction of inflammation, at least during the first few days. Nor is this inconsistent with an early reduction of the fragments, and moderate efforts, by splints and bandages, such as we have directed in case of a simple fracture at the base of the condyles, to keep the fragments in place. No surgeon would be justified in refusing altogether to make suitable attempts to accomplish these important indications; but he must always regard them as secondary when compared with the importance of controlling the inflammation.

When splints are employed, the same rules will be applicable, both as to their form and mode of application, as in cases of simple fracture above the condyles.

The following examples will more completely illustrate the character, history and proper treatment of these cases, than any remarks or rules which we can at present make.

A woman, living in this city, æt. 44, fell upon the sidewalk in

* Parker. New York Journal of Medicine, Nov., 1856, p. 391, Third Series, Vol. i.

January, 1850, striking upon her right elbow. I saw her a few minutes after the accident, but the parts about the joint were already considerably swollen, and it was not without difficulty that the diagnosis was made out. The forearm was slightly flexed upon the arm, and proned. On seizing the elbow firmly, a distinct motion was perceived above the condyles, and a crepitus. I could also feel, indistinctly, the point of the upper fragment. While moderate extension was made upon the arm, the condyles were pressed together, when it was apparent that they had been separated. On removing the extension, they again separated, and the olecranon drew up. She was in a condition of extreme exhaustion, and the bones were easily placed in position.

An angular splint was secured to the limb, and every care used to support the fragments completely, but gently.

From this date until the consummation of the treatment, the dressings were removed often, and the elbow moved as much as it was possible to move it.

Seven months after the accident, the elbow was almost completely ankylosed at a right angle. The fingers and wrist also were quite rigid. Six years later, the ankylosis had nearly disappeared; she could now flex and extend the arm almost as much as the other: the wrist-joint was free, and the fingers could be flexed, but not sufficiently to touch the palm of the hand. The line of fracture through the base could be traced easily, but the humerus was not shortened. There was, moreover, much tenderness over the point of fracture through the base, and at other points. Occasionally, a slight grating was noticed in the radio-humeral articulation. She experienced frequent pains in the arm, and especially along the back and radial border of the ring finger. During the first year or two after the accident, the arm perished very much, but although the hand remained weak, the muscles were now well developed.

[To be continued.]

PHARMACY IN EDINBURGH, THE NORTH OF ENGLAND, &c.

THOUGH a stranger in a strange land, I have found among the fraternity of the pestle and mortar a sort of Freemasonry, which has given me great advantages in my inquiries into the pharmacy of Great Britain, and has established me in some friendships which, I am sure, will long survive my return to America. The existence of petty prejudices and national jealousies between England and America, two great families of a common stock, is, I am sure, greatly on the decline; and the influence of extended trade, of consanguinity, increased by constant emigration, and of social and friendly intercourse by means of travel, is gradually wearing off that feeling of indifference, if not disfavor, with which they may have been wont, in times past, to regard each other's interests.

The pharmaceutical profession never could have shared largely in this feeling. American pharmacy was the direct offspring of that of Great Britain. It is, indeed, only of recent time that the pharmacy of the French has exercised so considerable an influence upon us; and the other nations of Continental Europe, though some of these have been represented in America by isolated shops in the large cities, have never materially modified our general practice. Our pharmacopœia was framed upon the basis of that of London, with modifications drawn from those of Edinburgh and Dublin, besides such new features as were rendered necessary to adapt it to our peculiar wants; and the United States Dispensatory, which is our standard work of reference, both with physicians and pharmacutists, gives almost equal prominence to the British Pharmacopœias with our own. It is with great respect, then, that I address myself to the task of drawing an outline of British pharmacy, beginning with the *Scotch*, as I have not yet seen much of London and the South; and if any comparisons should suggest themselves, I shall feel in duty bound to treat the trans-Atlantic brethren, with whom I have had the pleasure of mingling, as a dutiful son should treat the parent from whom he has drawn his being and many of his peculiarities.

A casual observer will be struck, at first glance, with an apparent difference in the business here and in America, in the omission of so great a display of fancy and extraneous stock, from the Edinburgh shops especially; it seems as if they were more strictly confined to *dispensing* medicines than ours. The windows are almost invariably occupied with large bottles, either emblematic of, or actually containing, standard medicines, such as rhubarb, cinchona, &c.; these, arranged behind fine plate glass, which is here almost universal, are sometimes very handsome, and certainly more appropriate insignia of the business than urinals, bed-pans, blacking, whisk brooms, &c., so often seen in ours. The large bottles of colored water, so universally employed from time immemorial, are, of course, very seldom omitted in a country so riveted to time-honored customs.

The soda-water business, as conducted in America, is here almost unknown—entirely so in the pharmaceutical stores, except that some, especially the country druggists, sell the article in bottles. It appears to me the improvement and general introduction of this beverage on draught in respectable stores would be a great means of lessening the enormous consumption of whiskey in this country, though, on the whole, it can hardly be regretted, in the professional view of the case, that pharmacutists are spared the annoyance of a business which, though not entirely extraneous, has comparatively little real connection with dispensing medicines, while in a climate so little subject to intense heat, and where ice is comparatively scarce, it might be much less profitable than with us.

The observation here made in regard to the display of fancy stock in drug stores, must not be understood to imply a different practice in regard to most of the articles of our trade, outside the *materia medica*, from what we are accustomed to; perfumery and toilet articles in great variety, essences for cooking, gelatine in various forms, the starches, and very often tea and coffee and "sweets," enter into the stock of the pharmacutists.

There is, I should say, a smaller assortment of quack medicines kept on hand by the pharmacutists than with us, and much less display of the advertisements of these. Several that are most conspicuous here just now date from America, where they have completely run out. The necessity of putting a government stamp upon every packet of medicine recommended for any particular disease, quite limits the success of preparations of this class.

The American pharmacist is much struck with the absence of upright brass scales, whether on the counter for retail sales or that devoted to compounding prescriptions; the British pharmacist generally keeps a pair of scales with steel beam, copper pans, and brass chains, hanging up, sometimes perhaps out of sight, and in weighing holds the scales in one hand while he adjusts the weights and the article to be weighed with the other. That he can be content with what appears to us so inconvenient a method of performing the most common manipulation of the shop, is a constant source of wonder to those accustomed to the use of scales with the upright stand.

The fitting of the shops, I should say, is in general rather superior to ours in finish, though less cheerful and striking. Mahogany drawers have never been superseded by white glossed ones; the counter tops are more often of handsomely-polished mahogany than of marble or oil-cloth—the panel work in front is generally of mahogany, or grained in imitation of some natural wood. The location of shops on the corners of the streets, which in some parts of our country is almost universal, and in Philadelphia used to be thought essential to success, is here rather unusual than otherwise, the well-known mortar and pestle projecting over the door being the sign to indicate to the passer-by the place where physic is to be had.

In regard to the profit of the business, I fear it is little better, as a general rule, in the "old country" than at home; the prices in Edinburgh are ruinously low, worse than in any place I know of in America. That an intelligent pharmacist should devote the necessary time and care, to say nothing of the material and use of apparatus, to compounding a prescription, however small, for *two pence* (four cents), shows a state of things most unfavorable to the progress of our profession, and yet such is the case in the best stores in Edinburgh. I have never seen dispensing more uniformly neat and creditable than in these very stores. I know of none where compounding a prescription should command a more liberal fee.

The pharmacutists in the country towns in the North of England, I have generally found intelligent and well-educated men, who would compare very favorably with the same class in America; they deserve a better and more remunerative business than I fear generally falls to their lot; the heavy copper coins that fall into their tills in exchange for the well-selected articles of *materia medica* that they so carefully wrap and label, form but a slim aggregate at the end of their day of toil and confinement in the shop. One fashion, hereaway, I most heartily approve—that is, the observance of moderate and very reasonable hours: they “shut up” before nine o’clock in the evening, an hour which seems very early here, where the twilights are so long as to extend the days for hours after sunset. On the whole, the pharmacutists here are as prosperous, as well as I can judge, as those similarly situated in “the States”; they are perhaps somewhat too numerous for the population, and suffer from the competition of a class happily almost unknown in our larger towns, the so-called general practitioners, or surgeons who keep their own medicines, and thus come directly in collision with the interests of the regular pharmacutist.

The class of *apothecaries*, as they exist in some parts of England, and which, I believe, are a grade below the general practitioners in education and social position, are almost unknown in the North; and it is to be hoped that the practice of medicine will be more and more divorced from the practice of pharmacy, to the mutual advantage of both professions.—*Correspondence of the American Druggists’ Circular.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

AUGUST 9th.—*Short Umbilical Cord.* Dr. MINOT showed the specimen. Delivery occurred at the eighth month, and the foetus was malformed. The funis measured *eight inches* in length. There was no deficiency in the parietes of the abdomen.

Dr. AYER mentioned a recent case of his, where the umbilical cord was less than a foot—probably nine or ten inches—in length. The presentation was natural, and when the foetal head pressed on the perinæum, as the pain ceased, retraction or resilience was perceptible. This occurred repeatedly. It was evident to him that the progress of labor was retarded thereby. He had noticed similar phenomena in other cases, where the cord was preternaturally short, or was wound around the neck or body of the child. In a few cases, so marked was the resilience of the head at the subsidence of the pains, that he had diagnosticated, to himself, the difficulty. A short cord doubtless retards labor, and occasionally causes other embarrassments. Some modern obstetrical authorities ignore the subject—others disbelieve

it. Denman, whose authority in all practical details cannot be questioned, says:—"It [the cord] may be naturally very short, or it may be rendered so accidentally, by its circumvolution around the neck, body, or limbs of the child. Whichsoever of these is the case, the inconvenience produced at the time of labor is the same, that is, the labor may be retarded; or perhaps the placenta may be loosened prematurely; or the child may, in a tedious labor, be injured, or in danger of being destroyed by the tightness of the ligature drawn about its neck; or by the mere stretching of it, as this must necessarily lessen the diameter of the vessels, if not perfectly close their cavity. But the two latter consequences very seldom follow."

Dr. Minot alluded to a case that occurred two years ago, in which it was necessary to divide the cord, which was around the neck of the child, to allow delivery to take place. It measured about ten inches in length.

AUGUST 23d.—*Osteo-Cancer of the Femur.* Dr. TOWNSEND reported this and the two following cases.

The patient, C. S., was a male, aged 15. Three months since he felt pain and noticed a swelling in the left popliteal region, which continued until the space was completely filled. The leg was amputated; after the operation the periosteum retracted, leaving the bone denuded for an inch above the section.

AUGUST 23d.—*Myeloid Disease of the Ankle-Joint.* The patient, E. M., was a female, aged 34. Six months ago, she observed a tumor on the left external malleolus, which appeared to be an enlarged bursa. This tumor was two inches in diameter, and arose from the inside of the joint. After its removal, the astragalus was exposed. The disease was that termed, by Paget, myeloid disease.

AUGUST 23d.—*Encephaloid Disease of the Head of the Radius.* The patient, M. C., was a seamstress, aged 31. Five months ago, she observed a swelling on the back of the right wrist. At the time of the amputation, this was conical in shape, ulcerated on its surface, and about an inch in height. Her grandmother had cancer; her parents are healthy. Upon opening the tumor after amputation, it was found to be encephaloid in its nature, the head of the radius being destroyed.

SEPT. 27th.—*Inflammation of the Sublingual Gland.* Dr. COALE reported the case.

C. B. F., æt. 45, was troubled for a week with sore throat, tenderness of the parotids, and signs of a generally inflamed condition of the contiguous parts, especially the glands. This at last concentrated itself into a violent inflammation of the sublingual gland. Inside, the swelling was level with the teeth. Outside, the face was elongated an inch by a peculiarly hard resisting tumefaction. Scirrhus is the only thing which would give an idea of the hardness of this. There was a moderate degree of pain; great "drooling" of saliva from the gland. Not much pain, but great discomfort from the bed of the tongue being so filled by tumefaction as to oust that organ, and require the mouth to be kept open. At night, this increased, the saliva going down the throat, and wakening the patient by getting into the larynx. The treatment consisted in blisters and gentle mercurial alteratives. On the third day, flocculi of pus were discharged with the saliva, though there was no pointing or collection of pus. The cure was complete in nine days from first seeing the patient.

Bibliographical Notices.

Medical Communications of the Massachusetts Medical Society. Vol. IX., No. IV. 1858. Second Series, Vol. V., Part IV. Boston: Printed by David Clapp. 1858. 8vo. Pp. 297.

THE number of the "Communications" for this year contains the Address by Dr. Horatio Adams, of Waltham; a Report on the Zymoses of 1857, as they occurred in the Middlesex East District Society, by Dr. Ephraim Cutter, of Woburn; a Description of the Anterior Splint of Dr. Nathan R. Smith, by Dr. Cutter; the Proceedings of the Councillors and of the Society, the Treasurer's Report, Lists of Deceased Members, of New Members, and of officers. The volume is of unusual interest.

The subject of Dr. Adams's Address is investigations upon the efficacy of Vaccination. It is based upon original researches and experiments, and is one of the most valuable papers on this subject, so far as we know, ever published. The object of the writer is to ascertain how far vaccination is to be looked upon as a means of protection against smallpox, whether this protection is less effectual than formerly, whether the virus has deteriorated with time, and how far a failure of its protective influence is to be ascribed to an improper or imperfect manner of performing the operation of vaccination. Several years since, Dr. Adams vaccinated all the persons at that time in the employment of the Boston Manufacturing Company, at Waltham, numbering between five and six hundred. The appearances of each case were carefully noted down at the time of making the examinations, and were arranged in tabular form, from which the conclusions were drawn which are contained in the address. We can only state these conclusions in the briefest manner, generally employing the language of the writer.

It appears that of all the persons who underwent a second vaccination, less than nine per cent. seemed to show, as to the time of development, any great approach to the true disease, and the least susceptibility seems actually to have existed among those whose vaccination was the most remote. The same general fact has been observed by others. Dr. Otto, a German physician, found by experiments on one hundred and eighty-nine persons who underwent vaccination a second time, that about eleven per cent., only, gave evidence of any great susceptibility to the disease, and that the smallest number of these was actually those in whom the first vaccination was least recent. So that the facts adduced do not sustain the theory of the gradual elimination, by time, of the protective influence of vaccination. On the contrary, it appears that the susceptibility to the disease, under a second vaccination, is not greater at the end of twenty-five years, than it is at the end of one year.

A theory has been advanced, that the alleged more frequent failure of vaccination to protect the system against smallpox infection is owing to the virus now in use having become deteriorated by its frequent transmission through human bodies. No sufficient proof has ever been brought forward to establish the truth of this theory, and the vesicle, when proper care has been taken in the selection of the lymph, and in the choice of the subject to be vaccinated, has the same general and specific appearance that it had thirty years ago. Moreover,

the constitutional affection is believed to be as great now as it was then. In order to test this important question, Dr. Adams undertook to obtain virus by inoculating the cow with variolous matter. On the 11th of January, 1840, he inserted lymph taken from a smallpox vesicle into several punctures made with a lancet in the labium pudendi of two different cows. Two of these inoculations were successful, in one of the animals, the vesicles having every appearance of the vaccine disease. On the 11th, a child was vaccinated with matter taken from this cow, and on the 27th the vesicle exhibited the characteristic marks of the true cowpox, on the sixth day of the disease. Many persons were subsequently vaccinated with matter taken from this cow, and in every instance the true vaccine disease was the result. This is believed to be the first successful experiment of the kind in this country.

The chief source of the failure of the protective energy of vaccination is believed by Dr. Adams to be the imperfect manner in which the operation is performed. The lymph should be selected from a perfectly-formed vesicle, in a healthy subject, at the proper period, and the recipient should also be free from disease, or even from any nervous and irritable condition of the system, such as is occasioned by teething, for instance. When the operation has been properly performed, as in the military service, it appears that there is no more susceptibility to the infection of smallpox than in subjects who have actually had the latter disease. Dr. Adams believes that a greater immunity from the disease is secured in proportion to the number of vaccine vesicles formed, and hence recommends that a larger number of punctures should be made than is customary.

A curious fact stated by Dr. Adams is, that the susceptibility to smallpox appears to be increased during certain periods of an individual's life; due, not so much to any deterioration or elimination of the protective power of the vaccine disease, as to some physiological changes which take place in the system during maturation, for after this process has been completed, the susceptibility disappears, and the original "protectedness," as it is sometimes called, of the individual becomes established. Dr. Marson, of the London Smallpox and Vaccination Hospital, says that the largest number of patients admitted into that institution are between the ages of fifteen and twenty-five. Dr. Adams believes this may be accounted for by supposing that during this stage of physical activity, the early vaccination was insufficient to keep pace with such rapid development, but that at maturity it again assumed its control, and the original equilibrium was established. A re-vaccination at the age of ten or twelve would, he thinks, in all probability cover the increased susceptibility due to this period of active development. The author's observations have led him to the conclusion that it is of the utmost importance that the first vaccination should be performed with great care; that if the susceptibility to receive smallpox is once extinguished in the system, it remains so, and re-vaccination is superfluous. In order that we may be sure that this susceptibility is extinguished, vaccination should be repeated so long as it produces any specific effect; especially should it always be repeated when the first operation has been performed at an early age, during dentition, or when disease of any kind, or a diseased diathesis, existed.

The space which we have devoted to the analysis of Dr. Adams's

paper compels us to be brief in our notice of the other communications. The Report on the Zymoses of Middlesex County for 1857, embracing the towns of Melrose, Reading, Stoneham, West Cambridge, Wilmington, Winchester, Woburn and Burlington, is an elaborate and valuable paper, well worthy of imitation. Two tables are appended to it, the first containing a summary of the returns, with the percentages of mild, severe and fatal cases for each disease; and the second showing, by means of lines of different characters, the variations in the prevalence of cholera infantum, dysentery, influenza, typhoid fever and scarlatina.

The *anterior splint* of Dr. Nathan R. Smith, which forms the subject of the third communication, is recommended for its simplicity, cheapness and effectiveness. It is made of iron wire, and is applied by means of bandages to the anterior surface of the limb only. The limb is suspended; the extension is effected by the obliquity of the suspensory cord, while the weight of the body produces the counter-extension.

Appended to this number is a blank report for zymotic diseases, which the Secretary was directed to furnish to all the Fellows, in order that returns for those diseases, as they occur in each member's practice during the year 1858, may be supplied to make a report on zymotic diseases for 1858. We earnestly hope that the Fellows will assist in this very desirable object, by recording the cases which they may observe, under the proper headings contained in the blanks. By a reference to one's day-book, or visiting list, the number of cases can easily be ascertained, and recorded without trouble. If the returns should be tolerably full, we shall have a good statistical account of this class of maladies in our State, during the present year, which will be of practical value to every physician.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 14, 1858.

TREATMENT OF CHOREA.

WE have been much interested in reading a report by M. T. Gallard on a thesis presented to the *Société Médicale d'Emulation*, of Paris, by the author, M. Moynier. The work is pronounced by M. Gallard as the most complete in France on the subject of *chorea*, and, to judge from his analysis, a translation would be an acceptable addition to our literature on that subject. Our object in referring to the work now, is to offer a few remarks on the treatment of that very obstinate affection, and especially on the treatment by strychnia, so highly praised by M. Trousseau. The author is in favor of this method, which he supports by reference to the duration of treatment required to effect a cure in a given number of cases. The advantage in favor of strychnia does not, however, appear to be very great, in female patients, over sulphur baths and gymnastic exercises, the medium duration being from 33 to 35 days. In respect to boys, according to the estimate of M. Moynier, the treatment by strychnia gave an average of 74 days, that by baths and exercise being 87 days. But, according to M.

Gallard, the latter series includes several cases whose extreme length of duration is wholly exceptional, and which ought to be eliminated from the calculation. In comparing together a series of cases, especially if the number be not very large, one or two differing from the rest in a great degree may render the average quite incorrect; but in this instance 16 out of 27 cases were prolonged far beyond the normal term, which averages 69 days in cases not subjected to treatment. By selecting two series of cases, the one cured in less than 30 days, and the other cured in less than 45 days, both of which may be supposed to have been favorably influenced by treatment, M. Gallard finds that sulphur baths and gymnastics are more efficacious than strychnia. We believe that he speaks the truth when he says, "these calculations seem to demonstrate one thing, that it is very doubtful whether any treatment has much effect in chorea," and hence the most innocuous should be chosen.

In a discussion which followed the reading of the report, the employment of tartrate of antimony was highly praised by M. Gillette, who had obtained 37 cures in 58 patients by means of it. We are not informed what was the duration of his cases. He employs it in the following manner: the first day he gives two grains, in divided doses, one dose every hour; if the vomiting is excessive, the intervals are lengthened, or the medicine is suspended. The second day the amount is increased to five grains, the third day to six grains. The vomiting and purging then generally cease. The medicine is then omitted for three or four days. There is a decided improvement in the condition of the patient. The remedy is then resumed for three days, in the dose of 5, 10, 15 grains a day. After another interval of repose of three days, the dose is increased to 6, 12 and 40 (!) grains. After this, there are no more irregular movements, and the cure is "consolidated" by the ordinary means, especially gymnastics and sulphur baths. A case was cited by another member, in which the patient, a feeble child of 14 years, with the most violent form of the disease, took from 6 to 12 grains of tartar emetic daily. The movements diminished from the first, and the cure was "almost complete" on the fifth day. Such heroic practice would find but few advocates among us, but we believe that equally beneficial results might be obtained from a more moderate dose.

Within a few days we have been shown a preparation of iron and strychnia, which would seem to be well adapted for the treatment of this disease. It is a citrate of iron and strychnia, and was made by Dr. James R. Nichols, chemist, of this city. It is a very beautiful salt, in transparent scales of a garnet color, but darker than citrate of iron. The dose is about three grains, which contains one sixteenth of a grain of strychnia. We have had no opportunity of trying this salt, and are glad that Dr. Nichols has placed it within reach of the profession. The remedy has been extolled in London as beneficial in cases of atonic dyspepsia, and in amenorrhœa and chlorosis.

NEW BOOKS AND NEW EDITIONS.

THE medical press is now teeming with new and valuable works, and improved editions of old ones. The numerous students who are about to commence their winter labors will find the supply of textbooks unusually large, and for sale at such prices as will place them within reach even of those in the most moderate circumstances. From

Philadelphia and New York come shoals of books to supply the great demand which exists for them, and even Boston has put forth a few works, which, though they do not compare in size with those issued from the larger cities, are not behind them in the originality and value of their contents. Among the immense number contained in the catalogue of Messrs. Blanchard and Lea, we note, as worthy of special attention, Bucknill and Tuke on Insanity, Dunglison's Medical Lexicon (fifteenth edition), Graham's Chemistry, Montgomery on Pregnancy, Watson's Practice of Medicine, Wilson's Anatomy, and West on the Diseases of Females (second part). Wiley & Halstead, of New York, have just issued Dr. Green's Select Prescriptions of American Practitioners. From Messrs. S. S. & W. Wood we have a translation of Braun on Uræmic Convulsions; and from Lindsay & Blakiston, Morris on Scarlet Fever. This comprises but a small part of the works recently published, but the list will serve as a sample of the rest.

We observe with pleasure that there is a marked improvement in the style of printing medical works in this country, whether owing to the prevalence of a better taste among purchasers, or to increased facilities for mechanical execution, we cannot say; but certain it is, that while the appearance of the books is vastly better than it used to be, the prices have rather diminished than increased. At the same time every facility for obtaining them exists, since in most instances the publishers are willing to send them by mail, post paid, on receiving the price. A good medical library now really costs but little in this country, and if the profession fail to profit by the liberal offers of the publishers, it is their own fault. In one respect we also notice a great improvement; we mean the engravings, which have now become a necessary part of all works on some of the departments of medical science. They are much better executed, and much better printed than was the case, even a few years ago. We may cite the recent edition of Wilson's Anatomy, the engravings of which, including a large number which now appear for the first time, are really beautifully done. The same may be said of that invaluable work which no practitioner can afford to be without—Watson's Practice.

No better evidence could be offered of the progress of medical science in our country, than the number and value of medical works which are circulated to so great an extent among us. The greater part are sound and practical, the offspring of patient research, of talent and of genius, which must have a powerful and beneficial influence upon our art. While we recognize the great advance in science which has created the demand for them, we are not unmindful of those who have made them so easy of access to us.

USELESS MEDICAL FORMULÆ.

AN immense number of formulæ for the treatment of various diseases and symptoms of disease are copied, from journal to journal, and doubtless often tried, without much regard being paid to their character, or to the effects they are likely to produce. A year or two ago, some one recommended the tincture of benzoin as a perfect cure for fissures of the nipple, and it was wonderful to see with what energy the medical press caught up the cry; it would seem as if an epidemic of the disease had been spreading over the whole earth, and that the prospect of a cure was hailed with admiration, for the report came to us from every journal in the country, besides being repeated in many

foreign periodicals. Several months ago, we noticed in a foreign journal a remedy recommended by a Dr. Van Holsbeek for hæmorrhoids, consisting of sulphur, extract of nux vomica and sugar, made into lozenges with tragacanth. Dr. Van Holsbeek certainly cannot be said to be a physician "who suits his physic to his patients' taste." Happening to have an obstinate case of the disease under our care at that time, we caused some lozenges to be made according to the formula, but before administering them to the patient we had the curiosity to taste one ourselves, and found it to be so intensely bitter that we knew no one could possibly eat a whole one; and so it proved. The patient could not be persuaded to touch the remedy after the first nibble. Now a combination of *nox vomica* and sulphur may be very useful in piles, and might be taken if given in the form of a pill, but we defy any one to eat one of Dr. Van Holsbeek's lozenges, although the dose is two the first day, increasing daily until six are taken, when the cure (it is said) will generally be complete. Probably the remedy never was tried, but was only recommended as being likely to do good, and this we fancy is the case with a large proportion of the formulæ which are copied from one journal to another. The original prescription of the lozenges we speak of is to be found in the *Presse Belge*, 1857, No. 19. We publish our experience with this preparation, believing that the profession will be benefited by learning what formulæ, out of the great number which are urged upon their attention, are not worth the trial.

The Ether Controversy.—The papers which have appeared in our last two numbers on the much mooted question of the claim for the honor of the discovery of the anæsthetic properties of sulphuric ether, recall to us an article which was published in this JOURNAL for Sept. 17, 1857, by an eminent physician of this city, in which the writer, after alluding to the disposition of Congress to reward the discoverer of this great blessing to humanity, and its embarrassment in deciding who the discoverer is, proposes, in the following words, that an appropriation should be shared between the two claimants, Drs. Jackson and Morton:

"Most respectfully would we suggest that Congress be addressed in a memorial, asking for such an appropriation from the National Treasury, to be awarded equally to the two claimants for the discovery of the anæsthetic properties of sulphuric ether, as would show the sense America has of the benefit it has received, and conferred by this discovery upon the world. Should either party object to such an award, let the whole appropriation be given to the other."

The Medical and Surgical Reporter.—This journal, which was originally a quarterly, and afterward a monthly, and the publication of which was removed last May from Burlington, N. J., to Philadelphia, is henceforth to be issued weekly. The first number of the new series was published on the 1st instant, and is called the "student's number," being chiefly devoted to notices of the different schools and hospitals of Philadelphia. The *Reporter* now contains sixteen pages in double columns, and will appear every Friday, at three dollars per annum. It will remain, as heretofore, under the editorial charge of Drs. S. W. Butler and W. B. Atkinson.

VALERIANATE OF AMMONIA.

A CORRESPONDENT at Port Huron, Mich., makes some inquiries concerning the valerianate of ammonia, which we will endeavor to answer to the best of our ability. This salt is prepared with difficulty, and is kept with difficulty, owing to the extreme facility with which it deliquesces. For this reason it can conveniently be dissolved, either in water or syrup, and in this form is much more easy of administration. Its deliquescent property is a great objection to employing it in the form of pill. The dose is from one to five, six, and even more grains. Those who dispense their own medicines should always procure the salt, which may be obtained of the wholesale druggists in any of our cities, and make the solution themselves. The anhydrous article should be kept in carefully-stopped bottles. The chief effects which have been noted from its administration are those of an antispasmodic, sedative and anodyne. It has been greatly praised for its efficacy in neuralgia, and in some cases it seems to be very efficacious in that disease. In dysmenorrhœa it is said to have a most favorable effect. We have given the medicine a pretty fair trial, both in hospital and private practice, and consider it a valuable anodyne, but uncertain, and inferior to opium. In cases with hysterical complication, it often gives great relief, and hence its efficacy in dysmenorrhœa. In a case of severe tic douloureux, complicating otitis, the patient, a lady 25 years of age, took it in doses of five, six, eight grains and upward, every three hours, with great relief, and we know several women who take it habitually at the menstrual period, to relieve their sufferings. In obstinate cases of sciatica, rheumatism and other painful affections, in which we have tried the valerianate of ammonia, we have found it inferior to opium, as an anodyne, and have abandoned it for the latter article. An objection to its use is its high cost.

We will endeavor to reply to our correspondent's other queries, in the next number.

Catalogue of Dr. Mott's Museum.—We have received a pamphlet of 78 pages, comprising a catalogue of the valuable museum of Dr. Valentine Mott, and of his son, Dr. Alexander B. Mott. This collection contains over a thousand specimens, most of which were obtained by surgical operations, but many are illustrations of anatomy; and the prize dissections, for which the Mott medals are awarded, are annually added to the museum. The printed catalogue will be useful to those engaged in the subject of pathology, and will serve to render this monument of the science and skill of Dr. Mott more extensively known.

Health of Providence.—The city of Providence, like our own, seems to be blessed with an unusual share of health the present season. During September there were but 85 deaths, being 18 less than during the preceding September. The number of deaths from summer complaints, however, was larger than in September, 1857. Dr. Snow, the City Registrar, says:—"The months of July, August and September, comprising the third quarter of the year, are usually much more sickly than other portions of the year, in this as well as in other cities. Usually, more than one third of all the deaths during the year occur in this quarter. The past quarter has been a remarkable exception to this rule, the number of deaths having been considerably less than during the first or second quarter."

Anaphrodisiac Properties attributed to Belladonna.—Dr. J. F. Huestis, of Mobile, Ala., in a letter to Dr. B. Dowler, of the *New Orleans Medical and Surgical Journal*, states that while giving belladonna to a gentleman afflicted with whooping cough, the patient noticed that, during the whole time he was taking it, "he was unable to accomplish even an erection." He suggests the applicability of this article in cases of chordee. He had himself used it with perfect success in a case of distressing nocturnal emissions.

Treatment of Gonorrhœa.—Dr. Heustis also recommends the following method of treating gonorrhœa, as one which has proved successful in his own practice. R. Creasot., gtt. x.; acid tannic., gr. x.; aquæ, oz. iv. M. Inject. four times a day, retaining each injection a minute or two—washing out the urethra with cold water before using it. In connection with this, the following balsam-mixture is used. "R. Copaiba, spts. æther. nitros, spts. lavend. comp., aq. calcis, each one ounce; tinct. opii, two drachms; sacch. alb., six drachms; ft. mist. S. Teaspoonful morning and noon, and two teaspoonfuls on going to bed, first shaking the mixture well each time."

Dr. Guggenbuhl's Institution for Cretins.—This institution, located on the Abendberg, 3000 feet above the level of the sea, in Switzerland, has been often alluded to in the pages of this JOURNAL. A letter from G. J. R. Gordon, Esq., late Her Majesty's Minister Plenipotentiary in Switzerland, to the editor of the *London Times*, gives a very unfavorable account of its present condition, and attributes its decline in no small measure to the neglect and long-continued absences of Dr. G. The government of the Canton of Berne have called upon him for an explanation and defence of his conduct, and insist that hereafter his patients be removed from the present unsuitable establishment on the Abendberg, during the winter months, to the milder climate of the Interlaken valley.

Medical Miscellany.—The buildings to be occupied by the new Shelby Medical College, in Nashville, Tenn., are completed, and will be used for the public lectures the ensuing month. Many of the preparations and specimens for the museum have also been received.—M. Von Humboldt, of Berlin, has lately attained his ninetieth year. The congratulations which poured in upon him, on his birthday, were numerous and ardent. His fifth volume of *Kosmos* is soon to appear, when it is said to be his opinion that his life will close.—M. Aime Bonpland, who accompanied Humboldt in his first expedition to the New World, has lately died at San Borja, in South America, at the age of 85 years.—A circular from New Orleans, signed by J. G. Seymour, President of the New Orleans Associated Press, dated 7th inst., admonishes strangers to keep away from that city till the yellow fever abates, as the "epidemic is now sustained by new comers." Still later accounts represent the mortality from the disease as not at all abated.

Health of the City.—The weekly returns still exhibit a remarkable contrast to the mortality of the last year at this season, only 65 deaths being reported (3 of which were accidental), instead of 96. The mortality from consumption and from dysentery is nearly the same as last year. There were but 2 deaths last week from cholera infantum, and 1 from pneumonia; in 1857, 10 from cholera infantum, and 6 from pneumonia.

MARRIED.—In this city, 7th inst., Dr. H. D. Osgood, of Waterville, Me., to Miss Hattie A. White, of Boston.—6th inst., Dr. Martin Fuller, of Charlestown, to Miss Mary T. Bell, of Boston.

Communications Received.—Treatment of Puerperal Mania by Veratrum Viride.

Books and Pamphlets Received.—Selections from Favorite Prescriptions of Living American Practitioners. By Horace Green, M.D., LL.D., &c.—Lectures on the Diseases of Women, Second Part. By Charles West, M.D., &c.—A System of Human Anatomy, General and Special. By Erasmus Wilson, F.R.S. New Improved American Edition, edited by William H. Gobrecht, M.D., &c.—Lectures on the Principles and Practice of Medicine. By Thomas Watson, M.D., &c. New American Edition, with Additions by D. Francis Condie, M.D., &c. (From the publishers.)

Deaths in Boston for the week ending Saturday noon, October 9th, 65. Males, 30—Females, 35.—Accident, 2—apoplexy, 1—asthma, 1—consumption, 17—convulsions, 5—cholera infantum, 2—dysentery, 6—dropsy, 1—dropsy in the head, 6—drowned, 1—debility, 1—infantile diseases, 3—puerperal, 1—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 1—disease of the liver, 2—marasmus, 2—old age, 2—palsy, 1—poisoned, 1—teething, 2—thrush, 1—whooping cough, 2.

Under 5 years, 29—between 5 and 20 years, 1—between 20 and 40 years, 15—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 37—Ireland, 21—other places, 7.



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MEDICAL JOURNAL ADVERTISING SHEET.

COLLEGE OF PHYSICIANS AND SURGEONS, IN THE CITY OF NEW YORK.—The Fifty-second Session of the College will be opened on Monday, October 18, 1858, and continued until the second Thursday (10th) of March, 1859.

EDWARD DELAFIELD, M.D., President and Professor Emeritus of Obstetrics.

JOSEPH M. SMITH, M.D., Prof. of Materia Medica and Clinical Medicine.

ROBERT WATTS, M.D., Prof. of Anatomy.

WILLARD PARKER, M.D., Prof. of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and Medical Jurisprudence.

ALONZO CLARK, M.D., Prof. of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M.D., Prof. of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M.D., Prof. of Chemistry.

HENRY B. SANDS, M.D., Demonstrator of Anatomy.

Fees.—Matriculation fee, \$5. Fee for the full Course of Lectures, \$105. Graduation fee, \$25. Demonstrator's ticket, \$5.

The Fall Course will commence on Monday, 20th September, and continue until the opening of the Regular Course in October; this course will be free to the Matriculated Students of the College. There will be two Surgical and one Medical Cliniques, also a Clinique on Diseases of Females, every week, throughout the Fall and Winter Courses. Lectures will be given in the Fall Course, by Professors Watts, on the Anatomy of the Circulatory Apparatus; Gilman, on Diseases of the Uterus; Dalton, on the Physiology of the Cranial Nerves; St. John, on Meteorology as applied to Hygiene; and by Dr. F. I. Bumstead, on Venereal and Skin Diseases.

PRIZE THESES.—At the Annual Commencement in March, two Prizes will be awarded by the Faculty—one of Fifty Dollars and one of Twenty-five Dollars—for the two best Graduating Theses presented during the year.

ROBERT WATTS, M.D.,

Dean of the Faculty,

Cor. of 4th Av. and 23d St.

July 22—tO18

E. & S. FOUGERA'S DRAGEES DE SANTONINE COMPOSEES.—*Tuto, Cito jucundæ curare.*—Santonine, the active principle of semen contra, occupies the first rank among the anthelmintic remedies. It is employed against all the varieties of Worms, except Tenia, and is particularly efficacious against the Lumbricoides and Ascarides.

Santonine alone does not destroy, but simply stupefies the worms, and renders them torpid, whilst the purgative combined with it expels them from the intestines.

To us belongs the idea of first combining together, in a compact and elegant form, the Santonine with a purgative agent. Since several years, many of our chief Physicians in all parts of the Union, have expressed themselves highly pleased with the efficacy, the elegance, and the disguise of our preparation. The Boston Medical and Surgical Journal, for June, 1857, speaks very highly of our Vermifuge in an article read before the Medical Society of said city; the same Journal, for August, 1857, notices it again with flattering comments.

The dose of Santonine, for an adult, is 5 to 10 grains; of Jalapine, 3 to 5 grains.

Each Dragee contains one-half grain Santonine, one-fifth grain of Jalapine, Liquorice, Charcoal, &c., to make up pills, coated with sugar (no mercury).

We put up the Dragees in bottles and half bottles, 75 cents and 38 cents each. The bottles are square, with E. & S. FOUGERA, *Pharmaceuticals, New York and Brooklyn*, blown in the glass. General Depot at

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No. 30 North William st., New York,

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T. Metcalf & Co.,	Pharmacutists, Boston, Mass.
Andrews & Thompson,	" Baltimore, Md.
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Purcell, Ladd & Co.,	" Richmond, Va.
Schiffelin Brothers & Co.,	} New York City.
Wholesale Druggists,	

To be had, also, from the first-class Drug stores.

Aug. 26—1y

INSTRUMENTS.—A full assortment of Surgical Instruments from the best makers, for sale at the factory prices. Also, *Dissecting Cases*, various styles. **THEODORE METCALF & CO.,**

Dec. 13. 39 Tremont Street.

CASTLETON MEDICAL COLLEGE.—There will be two full Courses of Lectures annually in this Institution; the *Spring Session* commencing on the last Thursday in February, the *Autumnal Session* commencing on the first Thursday in August. Each course will continue four months. Degrees will be conferred at the close of each term.

WM. P. SEYMOUR, M.D., Prof. of Materia Medica and Therapeutics.

WILLIAM SWEETSER, M.D., Prof. of Theory and Practice of Medicine.

E. K. SANBORN, M.D., Prof. of Surgery.

WILLIAM C. KITTRIDGE, A.M., Prof. of Medical Jurisprudence.

CORYDON LA FORD, M.D., Prof. of Anatomy.

P. D. BRADFORD, M.D., Prof. of Physiology and Pathology.

GEORGE HADLEY, M.D., Prof. of Chemistry and Natural History.

ADRIAN T. WOODWARD, M.D., Prof. of Obstetrics.

Fees.—For each full Course of Lectures, \$50. For those who have attended two full Courses at other Medical Colleges, \$10. Matriculation, \$5. Graduation, \$16. Board, including the expenses of room, fuel and lights, can be obtained in respectable house, at from \$1.75 to \$2.50 per week.

Castleton is accessible from all parts of the country by Railroads.

ADRIAN T. WOODWARD, M.D., *Reg'r.*

Castleton, Vt., June, 1856.

j24—cOW

ALBANY MEDICAL COLLEGE The next term of this Institution will commence on the first Tuesday of September, and continue sixteen weeks. Degrees will be conferred at the close of the Session. Fee for the Course, \$60. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge. Weekly Cliniques are held in the College. Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., Prof. of Surgery.

JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Anatomy.

THOMAS HUN, M.D., Prof. of the Institutes of Medicine.

AMOS DEAN, LL.D., Prof. of Medical Jurisprudence.

HOWARD TOWNSEND, M.D., Prof. of Materia Medica.

CHARLES H. PORTER, M.D., Prof. of Chemistry and Pharmacy.

JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics.

J. V. P. QUACKENBUSH, Reg'r.

Albany, April 29, 1858.

ap29—tf

HOME FOR INVALIDS WITH DISEASES OF THE CHEST.—S. W. corner of Chesnut and Park Sts., on an Omnibus route, and within one square of a passenger Railway—in the suburbs of Philadelphia.

This Institution has been established with a view to combine all the best hygienic and medicinal means in the treatment of Diseases of the Chest.

The house, grounds and locality have been selected with special reference to the wants of invalids. The house is commodious, well ventilated, and replete with modern conveniences. It is furnished with strict regard to comfort and the promotion of health; special effort having been made to render it a cheerful home and a desirable retreat for invalids. The grounds are pleasant and attractive, and the location high, healthy and beautiful.

The Medical Board consists of a resident, an attending, and a consulting physician. Attending Physician, Geo. J. Zeigler, M.D. Consulting Physician, Prof. Samuel Jackson, M.D.

Applications for admission may be made to the Attending Physician daily (Sundays excepted), from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

JAMES W. WHITE, Sec'y,
Box 1735 Philadelphia P. O.

DR. CHANNING has removed to No. 45 Bowdoin street, nearly opposite Allston street.
May 17—cOWtf

DR. N. THURSTON'S office, at Armory Hall, No. 9, Second Floor, corner of Montgomery and Sacramento sts., San Francisco, Cal.
Feb. 21.

MEDICAL JOURNAL ADVERTISING SHEET.

TO PHYSICIANS.—Dr. J. R. NICHOLS, Manufacturing Chemist, has removed from Tremont to No. 7 Central street, and associated with him in business Mr. H. S. MOODY, an experienced Pharmaceutist.

The attention of medical men in New England is respectfully called to articles of our manufacture, consisting in part of the medicinal Hypophosphite Salts and Syrups; the Syrup of Phosphates; Phosphates of Zinc, Iron, Manganese. Nitrate of Silver; Iodide of Starch; Citrate of Iron and Strychnia; Citrate of Magnesia; Iodide of Iron; Sulphate of Morphia; Unchangeable Solution of Protoxide of Iron; Protoxide of Iron with Quinine; Protoxide of Iron with Iodide Potassa; Valerianate of Ammonia; Sulphuric Ether, Chloric Ether, Spirits Ether Nitras, &c. &c.

The establishment of a Pharmaceutical Laboratory in Boston it is believed will meet with encouragement from Physicians, and they may be assured that all medicines bearing our name, shall be of the strictest purity and of true official character.

References.—Prof. Horsford, Cambridge, and Prof. Chadbourne, Williams's College, Chemists; T. Metcalf & Co. and T. Restiaux, Pharmacutists, Boston. Oct. 14—ly

FOR SALE—A good Location for a country Physician, consisting of a large two story house, with convenient out-buildings, and four acres of land adjoining, situated in the pleasant village of South Woodstock, Vt., within forty rods of the "Green Mountain Liberal Institute," and five miles remote from any other physician. For further particulars, call upon or address I. BUCKMAN, South Woodstock, Vt. Oct. 14—3t

DISEASES OF THE URINARY ORGANS.—A new work, just published by Blanchard & Lea, on the "Diseases of the Urinary Organs—a Compendium of their Diagnosis, Pathology and Treatment," by William W. Morland, M.D., of Boston, in one 8vo. volume of nearly 600 pages, and comprising numerous Illustrations, may be obtained at the Medical Journal office. Copies will be sent by express, or delivered at the office. Price \$3.50. Oct. 14

PHARMACEUTICAL GRANULES AND DRAGEES (Sugar coated Pills)—of GARNIER, LAMOURIEUX & Co., members of the College of Pharmacy, Paris.

All the pills of the U. S. Pharmacopoeia.
All preparations of Iron, Quinine, Santaline, &c.
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All the alkaloids in granules of 1-5 to 1-50 of a gr.
These pills form a reliable and eligible mode for prescription, and possess especial advantages in country practice, as the sugar coating not only renders them palatable, but preserves their strength and protects them from changes occasioned by exposure to air and light. For sale, wholesale and retail, by I. BARTLETT PATTEN, Druggist,
32 Harrison Avenue, cor. Beach st., Boston.

Sept. 9.

QUERU'S COD-LIVER OIL JELLY—Approved by the New York Academy of Medicine, June 3d, 1857, contains 85 per cent. pure oil. This jelly can be eaten and no taste of the oil perceived. All the virtues of the oil are retained in it, and not only all retained, but increased; as being taken into the stomach in a semi-fluid state, it is slowly dissolved, and its digestion and assimilation are complete. Invented and prepared solely by E. QUERU, Practical Chemist, 135 Fourth Avenue, New York.

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CHARLES T. CARNEY,
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July 29—6m

FOUGERAS'S COMPOUND DRAGEES OF SANTONIN—a new, safe and efficacious vermifuge. For sale by I. BARTLETT PATTEN, S 2—tf
32 Harrison Avenue, cor. of Beach st.

DR. J. H. DIX has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.
Dec. 24, 1857.

DR. HENRY W. WILLIAMS,
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Special attention given to Diseases of the Eye.
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TISSUE GUTTA PERCHA—A simple and efficacious remedy for Rheumatism, Gout, Stiff Joints, &c. Sample sent by mail on receipt of fifty cents.

Spongio Piline, an excellent substitute for the common poultice. Its advantages are that it is externally dry and unsoiling, retains its warmth and moisture for a great length of time and is free from unpleasant odor. It may be cleaned in the manner of a common sponge and used many times. Price, \$1.00 per square foot.

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No. 1, Goat Skin, containing 20 two and a half drachm vials, well corked, \$2.50.

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These cases are very compact and well protected, and for convenience and durability are unsurpassed. Either size forwarded by mail on receipt of price and fifty cents to prepay postage.

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Lewis's, Davidson's, Mattson's, and other Syringes, and a complete assortment of Surgical and Dental Instruments of every description, at wholesale or retail.

(Late B. S. Codman & Co.)

March 11—tf 13 Tremont st., Boston.

BURNETT'S PURE COD-LIVER OIL.—Carefully Prepared only from Fresh and Healthy Livers, by THEODORE METCALF & Co, Apothecaries, 39 Tremont Street, Boston, Mass., sole proprietors.

From Pereira's *Materia Medica*, Vol. II., Part II. page 2243.

"The experience of the profession at large appears now quite to have established the fact that *Cod-Liver Oil* is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis: that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

ANTI-CHOLERA.—I. B. PATTEN'S *Disinfecting Fluid*—a valuable means of destroying the infection of Cholera, also of Dysentery, typhus and other Fevers; for purifying Pails, Vaults, Cess-pools, and all foul and infectious places. It is quicker and more certain than other similar articles, and exhales no odor of its own, as Labarraque's and others do. Prepared and for sale only by I. BARTLETT PATTEN, Druggist,
32 Harrison Avenue, cor. of Beach st.

Sept. 2—tf

DR. CABOT has removed to No. 11 Park Square, four doors north from the corner of Eliot st., nearly opposite the depot of the Providence Railroad. Office hour from 12 to 1, as heretofore.

Aug. 26—ly

PHARMACEUTICAL GRANULES AND DRAGEES (Sugar coated Pills)—prepared by GARNIER, LAMOURIEUX & Co., members of the College of Pharmacy, Paris. For Sale by I. BARTLETT PATTEN, Druggist,
April 1. Cor. Harrison Avenue and Beach St.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

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HARVARD UNIVERSITY. MASSACHUSETTS MEDICAL COLLEGE.

THE Annual Course of the Medical Lectures of Harvard University will commence at the Massachusetts Medical College in North Grove St., Boston, on the first Wednesday of November, 1858. The regular course will be as follows:—

D. HUMPHREYS STORER, M.D., Professor of Obstetrics and Med. Jurisprudence.

JOHN B. S. JACKSON, M.D., Professor of Morbid Anatomy.

GEORGE C. SHATTUCK, M.D., Professor of Clinical Medicine, and Adjunct Profes-
sor of the Theory and Practice of Medicine.

OLIVER WENDELL HOLMES, M.D., Professor of Anatomy and Physiology.

HENRY J. BIGELOW, M.D., Professor of Surgery and Clinical Surgery.

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application to the Janitor at the College.

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D. HUMPHREYS STORER, *Dean of the Faculty,*
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** Circulars can be obtained gratis, upon application to David Clapp, Medical and
Surgical Journal Office, over 184 Washington street, Boston.

August 26th, 1858.—tL

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Oct. 14—3t

ALBANY MEDICAL COLLEGE. The next term of this Institution will commence on the first Tuesday of September, and continue sixteen weeks. Degrees will be conferred at the close of the Session. Fee for the Course, \$60. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques are held in the College. Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., Prof. of Surgery.
JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Anatomy.

THOMAS HUN, M.D., Prof. of the Institutes of Medicine.

AMOS DEAN, LL.D., Prof. of Medical Jurisprudence.

HOWARD TOWNSEND, M.D., Prof. of Materia Medica.

CHARLES H. PORTER, M.D., Prof. of Chemistry and Pharmacy.

JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics.
J. V. P. QUACKENBUSH, Reg'r.

Albany, April 29, 1858. ap 29—tf

PARKER'S COMPOUND VEGETABLE OIL SHIELD—For the Cure of Chapped or Sore Nipples.—As this Compound is perfectly harmless, the Patient need have no fear whatever in its free use. The taste being pleasant, the child never refuses its accustomed nourishment on account of it.

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Weeks & Potter, 154 Washington street, Boston, agents for the N. E. States; and for sale by all Druggists. Aug 12—1yr*

DISEASES OF THE URINARY ORGANS.—

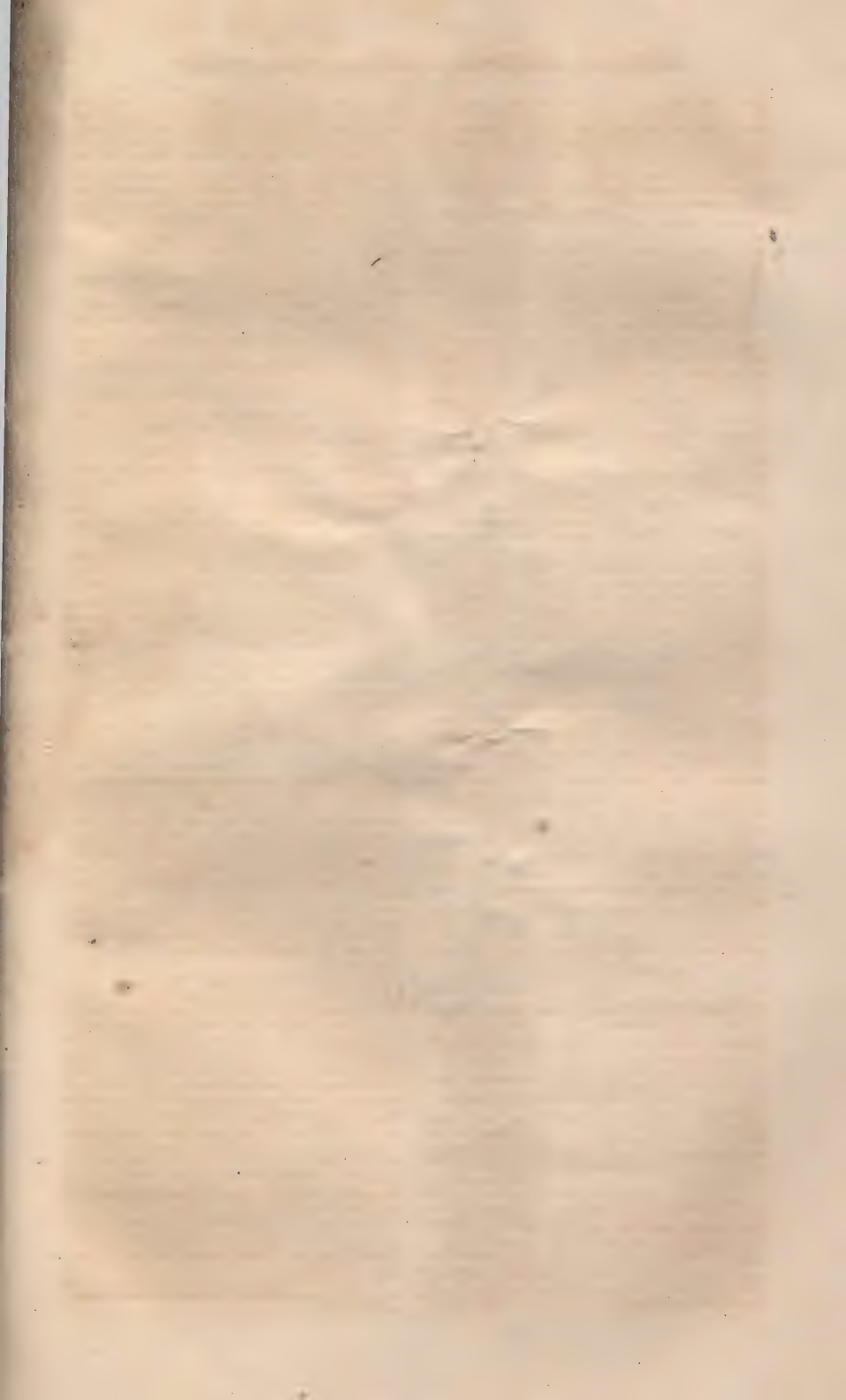
A new work, just published by Blanchard & Lea, on the "Diseases of the Urinary Organs—a Compendium of their Diagnosis, Pathology and Treatment," by William W. Mead, M.D., of Boston, in one 8vo. volume of nearly 600 pages, and comprising numerous illustrations, may be obtained at the Medical Journal office. Copies will be sent by express, or delivered at the office. Price \$3.50. Oct. 14

DR. J. H. DIX has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR. Dec. 24, 1857.

QUACKERY UNMASKED: Or a Consideration of the most prominent Empirical Schemes of the present time, with an Enumeration of some of the Causes which contribute to their support. By Dan King, M.D. This work is intended for general as well as professional readers, and is an excellent one for medical men to recommend and introduce among their acquaintance. It consists of 334 duodecimo pages, neatly printed on fine paper and handsomely bound, and is suitable to be placed in the drawing room or library of the most fastidious.

The printed "Contents" show that the first chapter is devoted to a brief sketch of Medical History; the next thirteen chapters treat of Homœopathy; Chap. 15, of Hydrophobia; 16, Thomsonism; 17, Female Physicians; 18, Indian Medicine; 19, Eclecticism; 20, Chrono-Thermalism; 21, Natural Bone-Setters; 22, The Press; 23, Female Influence; 24, Professional Discord; 25, Clerical Influence; 26, Vagrant Quacks; 27, Nostrum Recommendations; 28, Allopathy; 29, Low Standard of Professional Acquirements; 30, Insufficiency of Medicine to accomplish all that the Public require; 31, Reflections. Price One Dollar.

The book will be sent by mail, postage paid, on the receipt at this office of the money and address. June 3—tf



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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIX.

THURSDAY, OCTOBER 21, 1858.

No. 12.

THE OPHTHALMOSCOPE AND ITS USES.—NO. V.*

[With a Plate.]

BY JOHN H. DIX, M.D., BOSTON.

IN Plate 4, fig. 1 represents an opacity of the crystalline lens, as seen by the ophthalmoscope. Central opacities of the lens, though slight, are easily distinguishable by the eye under a magnifier; or if not discerned in this way, may be detected by the catoptric method. But the outer margin of the lens is shaded somewhat by the iris, even when the pupil is well dilated, and with an imperfectly dilated pupil may be very much obscured. In such cases the strong light reflected back from the fundus, and diffused throughout the globe from the mirror of the ophthalmoscope, is especially available. In my own observations, with one exception, every opacity which was discernible only by the ophthalmoscope has been situated near the outer margin, and resembled in less degree the figure here given.

I have in this way detected three incipient cataracts, which I could not otherwise discover, and in two of them the further progress of the disease has verified the diagnosis.

In examining the crystalline lens by the ophthalmoscope, it is sometimes convenient for the observer to place his eye not behind the central opening in the mirror, but just beyond the circumference of the mirror, in order to look more obliquely behind the iris. If the pupil is not very completely dilated, no ophthalmoscopic examination of the lens can be considered thorough, without this precaution.

I have given, in a former number, the details of one case of amaurosis, in which the whole lens had, as ordinarily examined, a hazy aspect, warranting a suspicion of cataract, but in which the ophthalmoscope showed that no cataract existed, and the successful result of the treatment of which as amaurotic, proved it to be so. To this I have now one more to add.

The practical benefit of examinations by the ophthalmoscope, in

* See Boston Medical and Surgical Journal, Vol. LV., p. 173.

cases determined by it to be amaurotic, is, however great, not more real than that experienced by a patient who, having simple cataract, is spared the treatment of amaurosis.

In two of three cases of marginal cataract, vision was decidedly better in a strong than in a subdued light, and in the other the patient spoke hesitatingly, but had a similar impression. Very little reliance, therefore, should be placed upon this symptom alone, as diagnostic of amaurotic disease.

In figure 2 of Plate 4, are presented, not very successfully, certain dark objects, darting with great rapidity across the field of the retina. In the following cases, I had rather an impression than a sight of them. Their movement was usually, but not always horizontal.

June 16th, 1855.—J. A., æt. 10, of Beverly, at Perkins Institution, four years ago had a fever, during the whole of which she had severe pain in her head, and also in her eyes. On the second day of the fever, which lasted a fortnight, she became very nearly as blind as she now is. Now she has usually only a perception of ordinary light, but thinks that at times she can see pieces of furniture about her for a few minutes—from five to fifteen minutes. Sometimes has pain in both, but most frequently in left eye. Sunlight is offensive to her, causing pain. Pupils of both eyes dilated—that of left most so. Iris dark hazel. Nystagmus of both eyes.

During the fever she had leeches, blisters, and "*all kinds of physic*," some of which made her mouth sore. Health good, and no hereditary predisposition to blindness.

Examination with the Ophthalmoscope.—Right eye.—No vessels discernible, and no white round patch indicating the entrance of the optic nerve. The coloring of the retina unequal in depth, but generally approaching a dirty yellow, rather than the normal coloring. Once or twice I perceived a diffused dark shade upon it, as if something nearly translucent were floating in the vitreous, and throwing a slight shadow.

Left eye.—One or two very minute and straight vessels or red lines, nearly horizontal, but no trace of the usual vessels and entrance of nerve. Coloring of retina rather deeper than natural, and nearly uniform.

Oct. 24th, 1855.—Mr. J. W., æt. 25, of Hilton, Me., had, five years ago, a "brain fever;" upon recovering from which, he found his vision very dull. For two months it slowly improved, and ever since has been as at present. For two years he suffered very severe pain in the head, chiefly supra-orbital, from which he has for the past two years been almost wholly free. Now he can just discern, on the title-page of the Boston Directory for 1854, the date. Vision of the two eyes equal. With convex lenses can read letters a third smaller. Has been under mercurial influence; used stimulating collyria and counter-irritation in various forms without any improvement of vision, but attributes his freedom

from pain in the head, for the past two years, to a series of derivative counter-irritant measures, continued for some eight months.

Examination with the Ophthalmoscope.—Right eye.—Appearances quite normal, except on the right side of field of retina a black or dark spot, which comes in view, but does not remain in sight long enough to be defined. The vessels are not strongly marked, and the frequent alternation of a red and white coloring over the whole field of the retina is very observable.

Left eye.—As the right eye, a dark spot being doubtfully seen darting across the field of the retina.

Dr. J. Skinner, of St. John, N. B., also examined both eyes.

June 16, 1855.—S. H., æt. 17, of Boston, at Perkins institution, when three years of age was struck on the right frontal bone with a falling hammer. A fortnight afterward she had a fever, which she does not remember, but believes it was a brain fever. She does not know how long she was sick, but thinks she was not found to be blind until convalescent. On recovering, was quite blind, but in a few months regained vision so as to see clearly by looking *sideways*. Went to school for a year. She then lost her vision again, as she thinks, immediately after and during an attack of whooping cough. Has now no perception of light whatever. Often has headache, and very rarely pain in the eyes. Iris gray; pupil large, but not excessively so. To the touch, the right eye not as firm as natural. Has been treated by electricity, and has had blisters.

Examination with the Ophthalmoscope.—Right eye.—One or two very small straight red lines discernible horizontally above the place of entrance of the optic nerve, which is very faintly if at all indicated. Far forward in the vitreous humor a small irregularly shaped dark speck darts across on the lower side; coloring normal.

Left eye.—In this eye the entrance of the optic nerve is distinctly given, but the circumference of the white circular patch is not well defined. The bloodvessels, both in the upper and lower hemispheres, distinguishable as regards the large branches, but extremely minute.

June 16th, 1855.—J. P., æt. 10, of Northampton, at the Perkins institution for the blind, when four years of age was knocked down by a blow on the forehead, and in falling struck the back of the head upon a stone. For some time following, he appeared to be not perfectly well, and five or six months after the accident was attacked with symptoms of cerebral inflammation of the most alarming character. Upon the commencement of his unexpected convalescence, he was found to be imbecile in mind, unable to walk, and blind. His mental powers have been recovered, and his muscular strength, so that he walks very well. His vision has slowly improved, so that, now, with his right eye he sees the position but not the shape of large letters. With the left eye he has

no perception of light. Pupils of both largely dilated, but slightly influenced by changes of light. Has frequent pain in frontal region, and occasional dull pain in the globes. Iris gray. Health good. An only sister died early, and had evidence of scrofulous affection.

Examination with the Ophthalmoscope.—Right eye.—A general red reflection from the fundus of the eye, of a deeper hue than in a normal state; in the midst of which I catch a paler spot indicating faintly the entrance of the optic nerve.

Left eye.—A similar reflection, but of deeper red, and uniform throughout. I can discern no vessels, and no place of entrance of optic nerve.

Both eyes were examined without any dilating agent, the pupils yielding but little to the stimulus of light from the mirror, and in the left eye there is occasionally seen a shadow, or a very small object floating across the pupils.

June 15th, 1855.—S. P. J., æt. 16, of Boston, at the institution for the blind, seven years ago became slowly blind for four weeks, without pain or any sensation in the eye or head. For about a year there was complete insensibility to light, so that he could look at the sun without winking. At the end of the year some sensibility to light returned, and now he has in a strong sunlight a perception of it.

Three months after the blindness had commenced, he was leech-ed, blistered and salivated. Subsequently, strychnine, veratria and electricity were used locally, and tonics given internally. Remembers no sensible influence from any treatment, except that the electricity seemed for the time to increase the perception of light. Iris gray. Pupils large. A cousin had a cataract on one eye. He has frequent many-colored spectres before each eye.

Examination with the Ophthalmoscope.—Appearances normal; in both eyes at first the vessels and the white round spot at the entrance of the optic nerves distinct. In this, as in many other cases, the pupils of which admit of great dilatation, a faint luminous ring indicates the outline of the crystalline lens. Several dark bodies flit across the field of vision after a minute or thereabouts, and run at irregular intervals, but with such rapidity of motion that it is impossible to describe them. These moving spots are more decided in the right than in the left eye.

June 15th, 1855.—M. D., æt. 18, of Newport, R. I., at Perkins institution, in her sixth year had a fall, striking the back of her head violently. Ever since has frequently had headaches, though of late not so often. About a year and a half after the fall, she had a brain fever. She was sick three months, and in the course of this time gradually lost her vision. Soon after her convalescence, she had some stimulating collyrium, from which she thinks she could for a moment see. Some stimulating applications were made over the brows, and at two different periods she was sali-

vated. Has not the slightest perception of light. Iris gray. Pupil of right larger than of left eye. Slight nystagmus of both eyes.

Ophthalmoscopic Examination.—Right eye.—The coloring of the surface is normal, but the vessels quite indistinct, and the place of entrance of the optic nerve a dull white, and larger than usual. In various parts of the field of the right eye are small dark irregular patches, some four or five in number, moving from side to side.

In the left eye, the vessels are distinct on the upper side, but here, on the left of the field, is a large and very remarkable irregular angular dark patch, having no motion like the spots in the right eye.

Oct. 20th, 1856.—T. S. W., æt. 34, in the winter of 1852–53 had severe headaches on the top and side, and often, perhaps weekly, a paralysis of the left side of the body, continuing about a minute. In the winter of 1854–55 he had for a fortnight a slight blurring of vision of both eyes.

In June last, vision began to fail in both eyes. At the same time the headaches, which had previously continued as at first, began to be less violent, and have become less to this time. Now there is very little pain in the frontal region, and the occasional paralysis has ceased, but there is occasionally a numbness, perhaps three times daily. Feet and legs often cold. Constipated. Now has barely a perception of light, the failure of vision for a fortnight having been very rapid. His father has strabismus.

Examination with Ophthalmoscope.—Right eye.—Whole field of retina of a deep red, except the entrance of optic nerve, which is less red than the retina, but not so white as in health. Blood-vessels distinguishable only in a few places, and there are several dark spots floating horizontally across.

Left eye—As right, except that the general redness is less intense, and the vessels more distinct, and no moving bodies visible.

Figure 3 represents an appearance which I have seen only in the following case, and which differs from the preceding perhaps more because the slow movement of the floating mass rendered it easily definable, than because of any essential difference in character.

Sept. 13th, 1855.—Miss H. M., æt. 24, of Haverhill, five years ago had suddenly a sensation as of a mote in the right eye. About a week afterward the vision of this eye began to fail, and in the upper part of the field of vision a bright spark appeared, and became permanent. The vision of the eye steadily diminished, until for two years past it has been, as at this time, sufficient to discern, but not to distinguish a face.

A few months after the commencement of the disease of the right eye, she began to see black muscæ volitantes before the left eye. These have gradually increased in size and number, and are now innumerable, especially as seen upon a white reflecting surface.

For two years past she has also seen before this eye a bright permanent sparkle, similar to that which she formerly saw, and now sees faintly in the upper part of the field of vision of the right eye.

To this permanent sparkle in the left eye, have been added luminous streaks in the same region for some eight months past.

She now reads with this eye the finest print, but the upper part of any large object at which she looks obliquely, is entirely invisible. Has frequently pain between and above the eyes. Iris gray. Not strong, but in good health, except that she is subject to colds. Pulse 88 to 102.

Examination with the Ophthalmoscope.—Right eye.—The retina quite pale. The bloodvessels barely, and the place of entrance of the optic nerve not at all discernible. A body of the size of a pin's head moves slowly over the retina, but is seen mostly on the right side. It is of a decided lead color, and pendant from it is a sort of fringe of the same color.

Dr. S. F. Haven, now of Worcester, examined this eye at the same time. The left eye not examined.

From the observations, then, illustrative of these two last figures, it appears that the presence of very small movable bodies, within the globe, indicates a greater degree of structural disorganization than very large stationary particles upon the retina, these last being not unfrequently consistent with a very useful amount of vision.—*Virginia Medical and Surgical Journal.*

A CASE OF INTRA-UTERINE POLYPUS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—There were some circumstances attending this case, which I have not met with before, in polypus of the womb, or seen recorded, which are my reasons for handing it to you for the JOURNAL.

Yours, very truly, W. CHANNING.

May 28th, 1858.—Mrs. —, aged 29, was married six years ago. Menstruation always regular, but profuse, and excessively painful. Aborted a year and a half ago, flowing profusely, the abortion not being completed until the sixth day from its beginning, and was accompanied all these days with severe pain and exhaustion, so that her recovery was despaired of. It was rapid, however, and in a fortnight she was perfectly well, much to the surprise of every body. Was well for three years and a half afterward. Two years ago, for her uterine pains, took Morrison's pills freely, in the interval between two periods, and had, for the following one, less dysmenorrhœa and flowing than ever before. Before and during the succeeding period, she was much exposed to cold and wet, and had one of her worst periods. Has grown worse in regard to these, ever since. A year ago last February (1857), had, for the first time, a sudden discharge of clear water,

say a teacupful, from the vagina, during a catamenial period, but in a short interval of the flow. The symptoms preceding and accompanying this accident of the case were fulness, pressure, and bearing down, with pain in the back. Menorrhagia was increased, and accompanied by coagulæ, which were forced away with much pain. The quantity of the water was constantly increasing, and coming away suddenly after much effort, with relief.

In September, 1857, such was the pressure, &c., within the pelvis, that Mrs. — examined to learn on what these troubles depended. She found the womb low, its mouth open, and within it a firm substance. Dr. J. S. Jones, her medical attendant, was now called, made an examination, and confirmed Mrs. A.'s diagnosis.

The above history was learned from the patient herself. Dr. J. ascertained what was the state of the patient and the character of the tumor within the womb. The lower end of the mass was just within the os. It was firmly grasped by the cervix, yielding only to give room for the pressure of the gradually growing tumor. This made intra-uterine explorations for a time impossible. The condition of the womb and pelvis was ascertained during menstruation. The collecting water was then forcing down the womb, and crowding the pelvis. This distension of the pelvis was so great, that when Dr. Jones attempted to pass his finger into the rectum to aid his diagnosis, he found it impossible to carry it in but for a short distance. The obstructing body resembled most a distended sac—the bag of waters in labor, where the bag is firm, and uterine action strong. Dr. Jones at one time felt a distinct pulsation in the uterine tumor. A triangular, quite solid mass came from the womb once, which resembled a small ovum, and this idea was encouraged by a cavity within it lined with a smooth tissue. From the regular forcing pains, with hæmorrhage, and alternating large discharges of water—from the insensibility of the tumor, and other facts reported above, it seemed possible to her medical attendant that the mass within the womb might be a false conception, or a growth in some way connected with pregnancy. At length room was obtained to reach to the extent of the finger between the tumor and the womb. The impression was that the former was cylindrical in shape, and apparently increasing in size as its distance from the os increased. It was clearly ascertained to be insensible.

At this time I saw Mrs. — in consultation with her physician. One other case, only, had come under my observation of intra-uterine polypus. Mrs. — had been safely and easily delivered, and was in all respects doing well for a fortnight afterward. At the end of that time, she was suddenly seized with uterine hæmorrhage, which continuing very profuse, her physician, Dr. York, of South Boston, made an examination, which showed the os uteri to be patulous, easily admitting the finger; and not far from the orifice, a tumor was distinctly felt. As hæmorrhage was increased

by the examination, this was not continued after the nature of the tumor had been sufficiently ascertained. It was firm, smooth, and insensible. I was desired by Dr. Y. to see Mrs. B. with him in consultation. The tumor was found as described, and it was agreed that a ligature should be put around it. This was done, but as the tumor tapered towards its lower end, the ligature slipped, till it rested, as it seemed, near that end. It was drawn, and the strain being continued, it cut itself out, bringing away a section of the tumor of the diameter and thickness of a common coat button. Hæmorrhage ceased at once, and never returned. The tumor became smaller and smaller, and soon entirely disappeared, when general and perfect health was established. This case is in support of the views of Gooch and the best authorities, that if any, however small a portion of a polypus be cut off, the remainder will entirely disappear, just as the whole of the navel string will come away, wherever the ligature may be applied.

The tumor in Mrs. —'s case was found as described, and it was agreed that a ligature should be applied. This was more easily agreed upon than done. The mass was long, and, as believed, large. The womb was everywhere in contact with it, and closest at the greatest distance from the os. This made the application of the ligature very difficult. It was at length done, after more than one attempt.

Drawing the ligature gave pain at once, and this soon became so severe that it was desisted from. This pain resembled that which I have met with, but twice only, in the same operation on other polypus patients; and especially did it resemble that which attends the tightening of the ligature when applied by me to the inverted womb. I have had two of these cases under my care, each of which was successful, both of the patients being alive and in excellent health. This pain embarrassed the case for the whole of the five days which elapsed before the canula came away. Once we gained an inch on the ligature. At other times the gain was far less, and the very last time it was drawn we were obliged to stop on account of the severity of the pain.

A question arose as to the cause of the pain on first tightening the ligature, and especially of its continuance. There was no pedicle to the tumor, it being sessile, in close contact with the womb, its base or margin being very broad. If such were its uterine attachment, and the ligature was passed round its base, it could hardly happen but that the pressure would be communicated to the uterus, put some portion on the stretch, and thus produce and explain the pain. At one visit, toward evening, so much constitutional disturbance existed, and so much soreness and tenderness of the lower part of the abdomen was complained of, that two pills, each containing one grain of opium and four of calomel, were prescribed, one to be taken at once, and the other in four or five hours if not relieved. In the morning we found Mrs. — had passed a

good night, and was perfectly relieved. No trouble followed the use of the calomel.

The canula came away on the fifth day, as remarked. The next day attempts were made to remove the tumor. From its softness, I may say rottenness, and its distance from the os uteri—it having receded—the attempts failed. Mrs. ——— was desired to get out of bed, and, while sitting, endeavor by voluntary efforts to discharge the tumor. It descended, and seemed about to come away, but this method failed, notwithstanding the tumor was perfectly movable. The next day she made another, and successful effort.

The tumor was large, globular, and much broken down, soft, and black from decomposition. It resembled a softened, decomposed spleen. Sections of it showed cavities of various sizes, one being large enough to receive the finger. They were lined with a smooth tissue. A question arose, if these might not have been cysts, from which the watery discharges had proceeded.

Convalescence was rapid. The lips, cheeks and gums, which had been blanched by hæmorrhage, soon regained their color. Vomiting, which had been a symptom of the disease for months, and which greatly aggravated the abdominal distress, after the application of the ligature, ceased, much to the comfort of the patient.

ON THE TREATMENT OF PUERPERAL MANIA BY VERATRUM VIRIDE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—As the *veratrum viride* is fast becoming a staple article of the *materia medica*, and its uses are every day more developed, and as the detail of infrequent cases is of some interest, I herewith send you the statement of a case of puerperal mania, treated by the fluid extract of *veratrum viride*, leaving the profession to judge of its utility.

February 14th, 1858, I attended Mrs. D. in her first parturition. The child was small, no difficulty attended the labor, and I left her very comfortable. On the 15th, I found her doing well; she expressed herself as feeling as well as she ever did, and she continued so until the night of the 20th.

21st, 7 o'clock, A.M.—She had passed a restless night. Tongue coated thickly with a brown fur; pulse 145. Bowels had been acted on the night before. There was no tenderness, at this time, over the region of the bowels; the lochial discharge was natural, but there had not been much lacteal secretion. She now had all the symptoms of puerperal mania, was highly excited, talked incessantly, and made frequent efforts to rise out of bed. I prescribed five drops of Tilden's fluid extract of *veratrum viride*, in mucilage of acacia, every three hours, and directed bottles of hot water to be placed to the feet, and cool applications to the head.

22d, 4 o'clock, A.M.—Pulse 86. She had vomited, several times, a green bilious matter, and had several evacuations from the bowels. There was considerable prostration, but no mania. The friends, alarmed at the prostration, urged me to check the diarrhœa. Accordingly, I discontinued the veratrum, and prescribed valerianate of morphia, one fourth of a grain, with three grains of Dover's powder, every four hours. 4 o'clock, P.M., pulse 120. No more evacuations of the bowels, or vomiting. Mania again violent. Prescribed again the veratrum, in doses of five drops every three hours, and continued the anodyne powders.

23d.—Somewhat better; less mania; pulse 110; no evacuations. The tongue continues thickly coated. I prescribed hydrarg. c. creta, gr. ij., with one fourth of a grain of morphia, and discontinued the Dover's powder. 4 o'clock, P.M., pulse 92. Six very dark-colored evacuations from the bowels. Patient is very weak. No mania. I discontinued the veratrum, at the urgent request of the friends, although they were assured by me that the prostration was but the temporary effect of the mediciné. Continue the powders, with fluid extract of valerian, alternately, each every four hours.

24th, A.M.—Pulse 130. Mania again violent. She makes use of the most profane and obscene language. At this visit I was requested to give the drops as often and as long as I thought proper, for her friends thought death was preferable to such a state as this. I ordered four drops of the veratrum, every three hours; and gr. iij. of pulvis antimonialis, with one fourth of a grain of morphia, every four hours.

25th, A.M.—Pulse 100; no more evacuations; profuse perspiration; fœtid smell to the exhalations; no mania. She sleeps at short intervals. Continue the same treatment.

26th.—Better. Pulse 90; tongue cleaning. Continue the same treatment.

27th.—Pulse 86. Continues better; no mania; converses freely and rationally.

28th.—Pulse 80. Still improving. No evacuations; no fever. Continue the powders, and give three drops of veratrum, alternately every four hours.

March 1st.—Pulse 80. Continues to improve. Give two drops of the veratrum every 4 hours; discontinue the powders, and give a teaspoonful of a mixture of equal parts of fluid extract of valerian and tr. castor, every four hours. Castor oil to move the bowels, as there had been no evacuation since the 23d February.

2d.—Continues to improve. Bowels moved freely, and some appetite. To take a milk diet, which she likes, and a liberal allowance of wine. Reduce the veratrum to two drops every five hours, for a day longer. I discontinued my regular attendance.

Although the patient was much emaciated, and still required occasional treatment, her ultimate recovery was complete.

Dr. William Hunter says of puerperal mania, when attended with fever, that the patient will in all probability die. Dr. Gooch says, "there are two forms of puerperal mania, one attended with fever (or at least the most important part of it, a rapid pulse), the other accompanied by a very moderate disturbance of the circulation; the latter mostly recover, while the former generally die." Now it is to this class of cases, with rapid pulse, and which so generally die, that the *veratrum viride* appears to be remarkably adapted. Dr. Marshall Hall remarks, in relation to this disease, that "bloodletting is replete with danger," and it is very generally admitted, at the present time, that the pathological condition of the disease is not inflammation. In the course of the disease inflammation may arise, and complicate it, but it is not essential to it.

It may, then, be concluded, that the pathology of the disease consists in excessive intestinal irritation, inducing a corresponding irritation of the heart and arteries; that its causes may be found in hereditary predisposition, and certain deviations from the normal condition during gestation and the puerperal state, and that a rational, as well as successful treatment, consists in the administration of arterial sedatives, purgation, and the use of anodynes.

Holyoke, Oct. 8th, 1858.

A. BRYANT CLARKE, M.D.

Bibliographical Notices.

Transactions of the New Hampshire Medical Society; Sixty-eighth Anniversary, held at Concord, June 1st and 2d, 1858. Manchester: 1858. 8vo. Pp. 68.

THIS pamphlet contains the proceedings of the Society at the Annual Meeting; the Address, by Dr. George B. Twitchell, President; the Report of the Committee on Practical Medicine; the Report on Surgery; an Essay on Debility, read by Abner Ham, M.D., and a few shorter papers. Dr. Twitchell's address is a sound and well-written discourse, on the ethics of medicine, and does honor to the profession, as well as to the body before which it was pronounced. The Report on Practical Medicine, by Dr. W. H. Thayer, formerly of Boston, is the most interesting and valuable part of the contents of the Transactions. It relates entirely to the subject of Typhoid Fever as it appeared in New Hampshire during the years 1856 and 1857. The attention of the profession in that State was invited to the subject, and the physicians were requested to forward to the reporter a synopsis of the cases they had observed during that period, with such observations as they might deem of interest. The replies furnished to this appeal were much less numerous than was hoped, and hence the report cannot be said to present, as might have been the case with general aid, a history of the epidemic for those years; but enough facts were obtained to furnish a paper of very considerable interest. The chief results obtained were, that the course of treatment to be pur-

sued is to be determined by the character of each epidemic, and that a supporting and stimulating practice is often required from the onset, and nearly always during the convalescence. The evils of over-medication, and the necessity of free ventilation, are clearly pointed out. The hygienic treatment of Dr. Nathan Smith, given to the profession many years ago, is earnestly recommended; and we wish that our influence were great enough to persuade every practitioner to peruse his admirable "Practical Essay on Typhus Fever," published in 1824. Nothing more philosophical has since been written on the management of this disease, and we cannot forbear quoting the remarks of this eminent physician on the propriety of non-interference in mild cases, as they are so consonant with the mode of practice now more generally advocated. "In cases of simple mild typhus," says Dr. Smith, "where there is no nausea at the stomach, no pain in that region, where the heat is moderate, and the pulse not greatly altered in frequency, I am clearly of opinion that we had better leave the disease to cure itself, as remedies, especially powerful ones, are more likely to do harm than good. In such cases the patient gets along better without medicine than with; all that is required is to give him simple diluent drinks, a very small quantity of farinaceous food, and avoid, as much as possible, all causes of irritation." The immense importance of free ventilation in the treatment of typhoid fever, and the inadequate notions on this subject possessed by many practitioners, are urged by Dr. Thayer in language which we hope will be felt by all who read these transactions. There can be no doubt that the rate of mortality in this disease might be materially diminished by proper attention to this point alone. We have taken occasion to offer some remarks on this subject in another part of the JOURNAL.

A few statistical tables are appended to the report; from which we find that the whole number of cases was 370, of which 154 were in males, 132 females, and in 84 cases the sex was not given. With regard to age, the largest number of cases (77) occurred between 20 and 30 years; 50 patients were between 30 and 40; 46 were between 15 and 20; and 41 under 10. The disease was most prevalent in the months of August, September and October. Of the 370 cases, 334 terminated favorably, and 36 were fatal; of the last, death took place in the second week in 10 cases, in the third week in 4 cases, in other weeks in 1 or 2 cases each. The time was not stated in 14 cases.

The Report on Surgery, by Dr. A. Smalley, of Lyme, contains some interesting cases of reduction of dislocation of the femur by manipulation; a case of fracture of the tibia and fibula, near the ankle-joint, with compound dislocation of the astragalus, which was forced through the integuments to nearly its whole extent. The limb was amputated near the middle of the leg, and the patient, a lad of eleven, in five months was able to walk, skate and kick foot-ball, by the aid of one of Palmer & Co.'s artificial legs, with such ease that a stranger would hardly suspect an artificial limb. A case of lupus exedens, for the relief of which the disease was extirpated and the loss of substance restored by a plastic operation, by Dr. Dixi Crosby, is accompanied by a sketch, showing how much may be accomplished in such a case.

The last paper of any length is Dr. Ham's Essay on Debility, which shows much thinking, but which from its obscurity of style, and especially of ideas, is hardly calculated to make a deep impression on the reader.

On the whole, we think the Transactions are highly creditable to the New Hampshire Society, showing a commendable zeal on the part of its members for the advancement of sound medical knowledge.

Diseases of the Urinary Organs; a Compendium of their Diagnosis, Pathology and Treatment. By WILLIAM WALLACE MORLAND, M.D., &c. Philadelphia: Blanchard & Lea. 1858. 8vo. Pp. 579.

THE relation which the author of this work holds to the BOSTON MEDICAL AND SURGICAL JOURNAL, renders any criticism of its merits inadmissible to our pages. We feel, however, that our readers have a right to know what the work contains, since it is, so far as we know, the only compendium on the subject of the diseases of the urinary organs, and is published in the hope of supplying a want which has been long and urgently felt.

The book is mainly composed of two essays, on the subjects of the pathology and treatment of the affections of the urinary organs, to each of which a prize was awarded by the Boylston Medical Committee, in the years 1855 and 1857. The original manuscript, however, has undergone very considerable modifications, and has been increased by large additions; and the work is believed to contain a reference, at least, to every author of note on the various subjects treated of in relation to these diseases. It is not, however, a mere compilation, no inconsiderable portion of it being the result of the author's own observation and reflection, besides containing numerous interesting facts communicated to him by others, and now for the first time published.

Dr. Morland's researches have been confined to those diseases arising in, or especially manifested by the organs in which the urine is elaborated, and in which it is temporarily retained, and the passages through which it flows, excluding those special affections of the urethra (chancre and gonorrhœa), which are the results of an imported poison, although the effects of these on the urinary organs proper, as, for instance, the effects of stricture, are fully treated of. Part First, consisting of diagnosis, begins with general considerations, a description of the urinary organs, their anatomical relations, and remarks on the difficulties of diagnosis, from anomalous position of the organs. Next come the diseases of the supra-renal capsules, and those of the kidneys follow in order, including the various forms of nephritis, waxy degeneration of the kidney, non-desquamative disease, fatty degeneration, suppurative nephritis, pyelitis, tuberculous disease, cancer, hæmaturia, and nephritis from calculi and from retention of urine. Chapter IV. contains the diseases of the ureters. Chapter V. is devoted to the various diseases of the bladder, which are treated of in the fullest manner. It is divided into twelve sections, and includes every lesion. Chapter VI. relates to the various affections of the urethra, and completes the First Part.

The Second Part, which is devoted to the pathology and treatment of the diseases of the urinary organs, constitutes the most extensive division of the work, and contains, we believe, a description and the treatment of every known affection of those parts. An Appendix of forty-eight pages completes the volume. In it will be found some observations on subjects which, though connected with the urinary organs, cannot strictly be said to relate to them, such as diabetes, be-

sides a large number of interesting cases of the various affections described in the text, with such additions to the subject of the work as have been first made known during its passage through the press.

The intention of the author has thus been to present a complete summary of our knowledge of the diseases of the urinary organs at the present time, both for the convenience of practitioners, and to serve as a text-book for students. How far he has attained that object, must be left for the medical public to decide.

F. M.

A Manual of the Practice of Medicine. By T. H. TANNER, M.D., F.L.S., &c. &c. First American from the third revised and improved London Edition. Philadelphia: Lindsay & Blakiston. 12mo. Pp. 398. 1858.

WE scarce know what to say of this book. It is well arranged, it is well written, the style correct, and as concise as is consistent with clearness; but it is very small, and therefore unsuited for the purpose intended. We consider it wholly impossible to get enough of the practice of medicine into a 12mo. of 319 pages (for that is all that is strictly occupied with the Manual), to serve any good purpose. We might as well expect to have a dictionary of the English language in pamphlet form. A peck measure will not under any circumstances hold a bushel. We have a general dislike to all manuals, as the term is used now. They are only short cuts for lazy ones—fosterers of sciolism, and deceivers of young students, who having acquired very aptly the few partially exhibited facts and principles these books contain, imagine they are far advanced in the science of medicine. An exception to this is found among the Germans. Their manuals—handbuchs—are no trifles. A German hand might handle them—we prefer a good table to support them. Look at John Fredrich Meckel's Manual of Anatomy, three solid octavo volumes; solid in cubic inches, but still more solid in the subject-matter contained. Otto's Handbuch of Pathological Anatomy is another specimen. With such manuals we would be content; but with these little concerns, on the touch-and-go plan, giving two or three symptoms out of twenty, sketching a theory instead of going into it, and either mauling it to pieces, or setting it up in an undeserved eminence and prominence—as we have just said, we have no faith in their usefulness, and we have strong convictions that they do much harm—not directly, but indirectly. We do not believe in short cuts. We do not believe in doing all a student's ratiocination for him. The pulp and spoon victuals presented him by such a process of grinding down facts and theories, will never nourish or strengthen him. Better let him take them as he finds them—facts and theories, laid out broadly and fairly, bone, gristle, tough and tender meat—and learn of himself, under proper guidance, how and what to assimilate or eliminate. He has more work to do, and it takes more time to do it; but, at the end, he is strong and hearty, and better fitted to masticate and digest a double portion than he was the first that was offered him.

Having thus given our notions upon manuals generally, we must say of this, in particular, that, turn where we will in it, we find nothing to complain of. All is accurate, clear. The most important is always given, to the exclusion of the least. There is no fact imperfectly presented—no theory falsely stated—no induction unfairly made. In short, the book is an admirable one of its kind—but it is of a bad kind.

W. E. C.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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 BOSTON, OCTOBER 21, 1858.
 

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## POLITICS AND MEDICINE.

WHEN the Governor of this State, "by and with the advice and consent of the Council," saw fit to remove Dr. Lothrop from the office which he so acceptably and faithfully filled, we supposed that the outburst of righteous indignation which the unhandsome act occasioned, would have rendered the repetition of a similar one, if not impossible, at least distant. When not only the members of the medical profession, but citizens of all ranks and of unquestioned intelligence and respectability, gave strong expression to their sense of the outrage and injustice done in that instance, it seems little else than the most wanton insult to an honorable body of men, and an utter disregard of the best interests of humanity, to follow up the dastardly blow by another quite as despicable. We will present a few facts just communicated to us by an esteemed correspondent, who expresses, in no measured terms, his indignation and disgust at the paltry political manœuvres which have led to acts so disgraceful to the present State Government.

Dr. Brooks, Superintendent of the Monson Almshouse, has been removed by his "Excellency," through the agency of the very wise and conscientious Councillors, to make room for one of their political supporters, notoriously incompetent not only in his medical capacity, but in every other, except that occupation which has placed him where he is.\* Moreover, the Commissioners for the Monson Almshouse—appointed, be it remarked, by the Governor and Council—have selected and appointed as physician to that institution, a self-styled "Doctor," whose claim to medical attainments consists in his having attended one course of lectures at a now defunct "Eclectic" school, once nursed in the congenial soil of Worcester, Mass., the hot-bed of all ultraism. And so, as we have every reason to suppose, the one thousand orphan children in the Monson institution are consigned to the tender mercies of "Lobelia, No. 6," and "Hot-Drops," at the hands of one who very probably knows nothing of the properties of even those delectable articles. And this by the advice and with the consent of the Council, ratified by his "*Excellency's*" signature! *Proh pudor*. We unite with our correspondent and with all who have spoken to us of the matter, in looking upon such deeds as a direct indignity thrown upon the medical profession, and as "entitled to the unqualified condemnation of all men who have any claim to respectability, or a spark of humanity."

The above action, moreover, is not enough, it seems, to declare the *animus* of the present Executive power. The newly-appointed incumbent at the Monson Almshouse is also dubbed Coroner for the County of Hampden. In stereotyped phrase we may say, "comment is unnecessary." We leave the facts to speak for themselves; but we do more than this—while we forbear to dilate further upon the individual

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\* The Governor, in removing Dr. Brooks, unconsciously did him a kindness; since he has been appointed to an excellent situation in New York, as superintendent.

cases which have furnished the theme for our remarks, we present the *general subject* for the consideration, and, as we trust, the grave reflection of the profession and the community. If worthy incumbents in office, of any description, are to be at the mercy of every turn of the political weathercock, their condition, and that of those under their charge, is lamentable indeed. But if this is true in regard to the various offices of trust and responsibility of a merely pecuniary or business character, how much more so of those where the well-being of the sick is concerned? And how long will an intelligent and well-judging people be contented to support those political aspirants in their pretensions and places, who use the charitable medical and other institutions of the State as purchase-money for votes, and bribes to attain their selfish ends? Shall the welfare of those who look alone to the State for support and proper care, be made a mere toy in the hands of demagogues, or used as a stepping-stone for political jugglers? And, one question more—how long, is it to be supposed that intelligent, well-qualified and faithful medical practitioners will be found willing to take situations whose duties are always very responsible and onerous, when they know that a sudden change in the political atmosphere will displace them—perhaps just fairly established, and with everything in fine working order—and introduce a new comer, who, if ever so competent, must go over the ground just traversed by his predecessor, only, perhaps, to make way, in his turn, for the next political pet of the times?

The abuses thus perpetrated are palpable, and cry aloud for reform. The end of the matter, as it is now managed, will be, that incompetent, half-informed, or totally ignorant men will be thrust into the important public positions to which we refer; or else that, if reliable men are, *for a time*, still found, hardly enough to accept office at such risks, the rapid rotation to which they will be subjected, according to present appearances, will work infinite mischief to the inmates of the various asylums and hospitals under State protection, and render the physicians who take this *temporary charge* of them, the mere foot-balls of politicians. In view of this state of things, so much to be deprecated on all grounds, we say to our brethren, and to those in public life who can remedy the mischief—RESPICE FINEM!

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#### VENTILATION IN THE TREATMENT OF DISEASE.

To talk about the necessity of free ventilation in the treatment of the sick, seems, doubtless, to most of our readers, very trite; every body acknowledges it, every physician would be indignant at being supposed to underrate its importance. Yet we are inclined to think that an *adequate* notion of its great influence on the course and event of disease is far from being common, even in regular practice, as too much importance is frequently assigned to artificial interference by means of the administration of drugs, and too little to those co-operative measures whereby the powers of nature are assisted in restoring the diseased organism to a healthy state. How can we expect the healthy functions of the body to revive under the prostration of disease, when the supply of oxygen, which gives life to the blood, is furnished with a scanty hand, while the elimination of carbonic acid, a fatal poison when inhaled, is at the same time checked, by defective ventilation? And yet this state of things exists to a great extent in the practice of many medical men who suppose themselves well aware



of the advantages of fresh air in the sick room. The difficulty seems to be, that they do not know *how much* fresh air is wanted. Few persons are aware that from 300 to 400 cubic feet are required for the daily consumption of a man in health, and that in proportion as the air we breathe is contaminated with carbonic acid, the quantity of that substance thrown off, and the quantity of oxygen absorbed, are diminished: hence, unless a free circulation of air exist about us, we are liable to be poisoned by an excess of the one gas, at the same time that we are deprived of the antidotal virtues of the other. Now if to these influences we add the specific exhalations arising from the body in certain diseases, such as typhoid fever, rheumatism, the eruptive fevers, &c., it can easily be seen that a constant renewal of the vital fluid must be an indispensable element in the successful treatment of many cases of disease—an important one in every case.

It is not merely in the treatment of disease, but in its prevention, that there is great need of enlightenment on the subject of ventilation, notwithstanding the terrible warnings which have so often been given during the prevalence of epidemics. The instances are too numerous to need citation, in which the outbreaks of cholera and typhoid fever have been proved conclusively to fall most heavily upon those who were laboring under an insufficient supply of fresh air. The mortality from all diseases is much greater among the poorer classes, who are crowded together in ill-ventilated rooms, than among those whose circumstances place them above the influences of such evils. The reason of this is undoubtedly the imperfection of the process of oxidation, which ministers to the elimination of effete matter from the system, and the consequent accumulation of such matter in the blood, by which the system becomes less able to resist the influence of zymotic disease.

We were led to these remarks by the perusal of a Report on Practical Medicine, in the Transactions of the New Hampshire Medical Society, already noticed under our bibliographical head. The reporter, Dr. Thayer, says: "When I am called to a case of fever, I too often find my patient lying in a little bed-room about one third larger than the bedstead on which he lies, with no outlet to the room but one window, rarely opened, and the door which gives communication with the family kitchen, or sitting-room; the atmosphere warm and foul, charged with the exhalations from the patient's skin, so fully that you can not only smell but taste the nauseous air—sickening and prostrating to one who is in ordinary health—how much worse to him who is struggling for life with a severe disease! How often have I seen a decided improvement in a patient in an advanced stage of fever, on being removed from such quarters into a well-ventilated room." In all cases of sickness it is important that the patient should be placed in a large apartment. In summer time, one or more windows should be constantly open, day and night. Even rainy weather, unless excessive, or unless there is no window in the room into which the wind does not blow, should form no reason for excluding the outward air. In winter time, or when it is too cold to allow a window to be opened, a fire should be constantly kept, in an open fire-place if possible, not so much for the sake of warmth, as to insure a constant change of air; hence it should not be large enough to raise the temperature to any considerable degree. Attention to these simple rules will often be the means of enabling the patient to resist the depressing influence of disease, which he might be unable to combat if he

were deprived of the healthy stimulus of a due supply of oxygen. Dr. Thayer quotes, in proof of the justness of his views, the case of a large number of emigrants, who arrived at Perth Amboy, from Liverpool, with ship fever, and who for want of sufficient accommodation were placed in shanties, where they were exposed to the pure air, the buildings being so loosely constructed that they admitted the rain. Of the whole number of eighty-two patients, *not one died*. Of four others who were removed to an ordinary dwelling-house, and who were subjected to precisely the same medical treatment, two died.

We commend these views to our medical brethren, in the belief that a trial only of the effects of a free supply of fresh air in the sick room will convince those who have paid but little attention to the subject, of its advantages. Without ventilation, we can do but little by the administration of medicines; with it, drugs become of secondary importance in a large number of cases.

#### DISREPUTABLE ADVERTISEMENTS.

In common with several of our cotemporaries, we have inveighed against the widely prevalent custom of the daily press, of admitting advertisements into their columns whose *intent*, if not their actual language, is wholly in opposition to decency and morality. The greed of filthy lucre is so strong, however, that we despair of seeing a reform in this respect—at least to any extent. Everything is made to yield to the spirit and the machinery of gain; and it matters not that an outraged sense of propriety cries out, from every quarter, against what passes under the name of newspaper—for so long as the vile trash is promptly paid for, in it goes. Even the professedly religious papers catch the infection, and substitute pennies for piety, dollars for devotion. Those who manage these matters have a weighty responsibility to shoulder, and an account to settle hereafter, as well as here. We do not envy them the adjustment.

There is another kind of advertising which seems to be coming more and more into vogue; and which is even more mischievous and degrading. It assumes the pamphlet form, and thus is enabled, generally, to attract more attention; its shape gives it more permanence, and also more space to dilate upon the topics of which it treats. These topics are usually such as relate to what these harpies term “secret disorders,” or, perhaps quite as frequently, to “female diseases,” “irregularity,” &c. &c. The pivot upon which all of their endeavors turn is the getting of money by pandering to the lowest instincts of our nature, or by appealing to easily aroused fear. There is no more fruitful source of revenue to the graceless villains who pollute the social atmosphere with their presence and their filthy productions, than the facilities they pretend to offer to those unfortunate females unlawfully with child. By artfully worded paragraphs, they induce many such, and others also, who are laboring under actual disease, to buy their preparations and to read their abominable books. One of two things then results. Either abortion is effected—a crime perpetrated and the mother’s health and even life imperilled—or an inert preparation is sold, and money levied under false pretences, *ad libitum*, and, it would appear, according to present usage and demand, *ad infinitum*.

We are deeply pained to observe that a book-firm of no little notoriety, and whose premises are daily visited by all classes of our citi-



zens, has, within a few days, caused, or permitted to be circulated a couple of printed pages, surmounted by a female head, and which purport to set forth the ways and means to preserve the health of the sex. The chief measure advised, is (as is always the case in these productions), to take a certain medicine, which must, however, by no means be used "by married ladies when *enceinte*," as it would be "sure to produce unpleasant effects," &c. &c. It is a sovereign balm for every deviation from menstrual regularity, according to the unprincipled advertisers; and whether their assertions are true or not, their aim is alike iniquitous. We submit that not only do hitherto reputed respectable firms degrade themselves to the lowest level by such proceedings, but they open a broad avenue to licentiousness and directly pander to the worst vices. The honest and reflecting public should ponder well before it extends to such establishments the generous patronage which has so far been accorded to the one to which we allude. The common interests of humanity, no less than the high duty of Christian men and women, call for uncompromising condemnation of the course pursued by many such publishing houses. We assume our position fearlessly, and assert our belief conscientiously. Having done this, we leave it to our sensible, scrupulous and sensitive people to decide whether they will encourage those who *permit*, not to say encourage such dereliction from duty, such outrages upon modesty, such imposition upon credulity, such direct infringement of the laws of God and man. Let us have newspapers which will never offend the eyes and the delicacy of our wives and daughters; and, moreover, let us invoke even governmental protection to shield our doors from the defilement of the foul advertising sheets thrown around them, nearly every day, with the names of persons attached to them whom we otherwise would gladly honor, but, as it is, must detest. We declare "war to the knife," against the entire crew.

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*Dr. Elisha Townsend, of Philadelphia.*—The death of this worthy gentleman will give pain to a large circle of friends; and by his death science has lost a most intelligent servant. He was President of the Dental College, Philadelphia, and has been instrumental in doing much to advance the true interests of the profession throughout the country. As a man, he possessed noble qualities; and as a friend, he was prompt, unselfish and sincere. He had recently visited Europe for his health, but returned only to die. He will long be remembered by those who knew him, and the absence of his aid and counsel will make a void not easily filled.

E. G. T.

*Boston, October 18th, 1858.*

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*Aluminium in Surgery.*—A correspondent of the *London Lancet* recommends aluminium sutures as a substitute for silver in the union of wounds by the first intention. It is cheaper (less than half the price), more pliable, does not blacken from contact with pus, and can now be obtained in Europe without difficulty. We believe it has not yet been introduced into this country, but its great utility in various ways, both for domestic and scientific purposes, will doubtless make it abundant here.

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THE annual meeting of the Vermont Medical Society will take place at Montpelier on the 27th and 28th of this month.

*Carbonate of Ammonia in the Bites of Poisonous Reptiles.*—Dr. A. S. Payne, of Paris, Fauquier Co., Va., from long experience in the treatment of poisoning by snake-bites, spider-bites, &c., has come to the following conclusions:

"1st. That hartshorn is the natural remedy or antidote for the cure of all bites of poisonous reptiles or stings of insects which exert a rapid and depressing influence upon the heart's action.

"2d. That, in my opinion, second to the hartshorn, in remedial virtues, stands an etherealized solution of iodine.

"3d. That the binodide of mercury has proven itself next most valuable.

"In the fourth place of value I place various plants indigenous to the United States of America."—*Virginia Med. Journal.*

*Poisoning by the use of Honey.*—The question as to the occasional poisonous nature of honey has lately been again brought up in the *Southern Med. and Surg. Journal*, and in the *Druggists' Circular*. Many cases are alluded to, in which fatal effects have followed the use of honey. The most remarkable is mentioned by the editor of the first-named work, who refers to the fifth volume of the *American Philosophical Transactions*, where an account is given by Dr. Barton of an extensive mortality among those who had partaken of honey collected in the neighborhood of Philadelphia, in the year 1790. It was ascertained, in that case, that the honey was chiefly collected from the "*Kalmia latifolia*." Whether in all the other cases the poison proceeded from the sources resorted to by the bees, or from some secretion of the insect itself, is undecided. Considering the common use of honey in so many places, without any injurious effects, these cases may be considered as exceptional, and should hardly have any other effect than causing a watchfulness and moderation in its use.

*Criminal Lunatics.*—From a Parliamentary return lately issued, it appears that the number of criminal lunatics, in respect of whom commissions of lunacy are now in force, is 551. The incomes of 46 of these lunatics, and their allowance for maintenance, have not been ascertained and fixed; but the aggregate income of the remaining 505 amounts to £238,188, and the cost of their maintenance to £160,163. The total number of criminal lunatics now under confinement is 591—569 of these being confined in county asylums, hospitals, and licensed houses, the other 22 in jail.—*Lahore Chronicle.*

*Medical Miscellany.*—At the October meeting of the New York Academy of Medicine, Dr. Stone, of New Orleans, was present. The section on Public Health made a partial report, showing a bad condition of the sanitary regulations in the city, and asking for a special committee to assist them in investigating the whole subject and making a full report. A special committee of five members was appointed. The discussion on puerperal fever was continued.—Dr. Shumard has been appointed State Geologist of Texas.—The preliminary lectures in the Oglethorpe Medical College, Savannah, Ga., to have been commenced on the 4th inst., have been deferred to the opening of the regular session on the 18th, on account of the prevalence of yellow fever in that city.

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ERRATUM.—In Dr. Cox's article on the treatment of rheumatism, p. 174, third line from the bottom, instead of "liq. morphiae, gr. ij.," it should read *liq. morphiae, one ounce, gr. ij. to the ounce.*

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MARRIED.—At Providence, R. I., 14th inst., Daniel Laing, Jr., M.D., of Liberia, W. A., to Miss Anna B. Parker, of Providence.

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DIED.—In Montague, Oct. 10th, Dr. Lucius Cooke, 44.—In Brunswick, Me., Dr. P. H. Cleaveland, for many years Professor of Chemistry and Mineralogy in Bowdoin College, 79.—At Ann Arbor, Mich., Naval Surgeon B. Ticknor, in the 71st year of his age. Dr. Ticknor's total service amounted to thirty-five years, of which fifteen were spent at sea and twenty in various naval hospitals.—At Port Deposit, Maryland, Oct. 7th, Dr. Jeremiah Smith Boies, 27.

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*Deaths in Boston* for the week ending Saturday noon, October 16th, 74. Males, 33—Females, 41.—Accident, 1—Inflammation of the brain, 1—congestion of the brain, 1—consumption, 21—convulsions, 3—cholera infantum, 4—croup, 2—dysentery, 5—dropsy, 2—dropsy in the head, 4—infantile diseases, 2—puerperal, 1—epilepsy, 1—typhoid fever, 2—scarlet fever, 1—jaundice, 1—insanity, 1—inflammation of the lungs, 4—disease of the liver, 1—marasmus, 1—old age, 2—palsy, 1—phlebitis, 1—teething, 3—thrush, 1—tumor, abdominal, 1—unknown, 2—whooping cough, 4.

Under 5 years, 30—between 5 and 20 years, 4—between 20 and 40 years, 13—between 40 and 60 years, 13—above 60 years, 9. Born in the United States, 47—Ireland, 22—other places, 5.



# MEDICAL JOURNAL ADVERTISING SHEET.

## PENNSYLVANIA COLLEGE OF DENTAL SURGERY. Session 1858-59.

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The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at 3 o'clock, P.M. The most ample facilities are furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's ticket included, \$100; Matriculation Fee, \$5; Diploma Fee, \$30.

For further information, address

T. L. BUCKINGHAM, Dean,  
Aug. 19—3m No. 243 North 9th st., Phila.

**BOUDAULT'S PEPSINE.**—As digestion in the healthy stomach is performed by a peculiar agent, Pepsine (always present in the normal state, but deficient in many diseases), the best and most natural way to re-establish the digestion, when this agent fails or is deficient, is to administer the Pepsine itself. Mr. Boudault offers this article to the notice of medical men in the state of a powder, pleasant and palatable. It is carefully prepared by treating with water the fourth stomach of *herbivorous animals*. For the last few years this medicine has been used with great success by the most enlightened physicians of Europe and America, in dyspepsia, gastralgia, in slow and difficult digestion following fevers, and also in consumption and other chronic diseases.

(See *Philadelphia Journal of Pharmacy*, May, 1857, page 263.)

**Directions.**—The Pepsine can either be administered alone, or given in connection with any medicine required by the case. The dose for an adult is one powder of fifteen grains, to be taken once or twice a day before eating. A convenient way is to take it in empty gelatinous capsules, or between two pieces of bread. The dose for a child is proportionate to its age. It is well after using this agent a week or more, to discontinue it for a few days, and then resume it, it required by the state of the digestion.

Each bottle of Boudault's Pepsine contains 10 powders of 15 grains each. *Retail price, one dollar per bottle.* Pepsine comes also in powder, put up in one ounce bottles.

**General Agents for the United States.**—E. & S. Fougere, Pharmacutists, New York and Brooklyn. *Agents.*—T. Metcalf & Co., Pharmacutists, Boston, Mass.; Andrews & Thompson, Pharmacutists, Baltimore, Md.; S. Symes, Pharmacist, Philadelphia, Penn. To be found also in the First Class Drug Stores throughout the Union. ap22-1y

**IMPROVED SPERMATORRHOEA RINGS.**—of pure silver, for preventing and curing nocturnal emissions. Price \$3—to physicians, \$2. They can be sent by mail in a letter. Also, a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians' and family use. Sold by J. RUSSELL SPALDING, 27 Tremont street, opposite the Museum, Boston, Mass.

March 19.

## PHYSICIAN'S DAILY ACCOUNT BOOK.

A new form of Account Book, prepared expressly for the use of Physicians, comprising in one volume, Day Book, Cash Book and Ledger, is now for sale at this office. To suit the convenience of individuals, three sizes are furnished, at the following prices:—Small size, \$2; medium, \$3; large, \$4.

Orders, with the amount enclosed, may be forwarded by mail to the publisher of this Journal. The book can in most cases be more economically sent by express, and will be promptly forwarded at that way, or as the purchaser may direct.

Aug 14.

**MUTUAL LIFE INSURANCE.**—The *New England Mutual Life Insurance Company* (Office Merchants' Bank Building, 14 State street, Boston) insures lives on the mutual principle.

Accumulation—over \$870,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested.

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Surplus distributed among the members every fifth year, from Dec. 1, 1849.

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May 14.

**BLANCARD'S PILLS OF UNCHANGEABLE IODIDE OF IRON.**—(The only Formula adopted by the *French Academy of Medicine*.) *Authorized by the Medical Board of St. Petersburg.* Honorable mentions at the universal exhibitions in the cities of New York, 1853, and Paris, 1855.

"I would add that I have already prescribed, with advantage, the pills prepared according to the formula of M. Blancard, and that the end of the perfect preservation of the iodide of iron is completely attained. This excellent medicine will be more frequently prescribed in future than it has been."—BOUCHARDAT, *Annuaire de Therapeutique pour l'Année 1851*, p. 199.

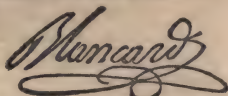
Every physician, every work of medicine, regards the iodide of iron as an excellent preparation, which unites the properties of both iodine and iron. It is especially useful in chlorotic, strumous and tuberculous affections, in leucorrhœa, amenorrhœa, &c.; it strengthens lymphatic and debilitated systems.

Each pill contains one grain of iodide of iron, and is covered with one-fifth of a grain of minutely-pulverized iron, and the whole coated with a layer of balsam of tolu. Dose, 2 to 4 pills a day.

N. B.—Iodide of iron, which is impure, or which has undergone a change, is an uncertain, and sometimes a dangerous remedy, in consequence of the presence of free iodine; the physician can always assure himself of the purity of Blancard's Pills, by means of the *seal of reactive silver* which accompanies them. None are genuine which have not this *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

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E. & S. FOUGERA'S, NEW YORK."

and the fac-simile of Mr. Blancard, as here presented.



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June 11, 1857.—1y

**DR. L. V. BELL**, having retired from the McLean Asylum, will attend calls in consultation only, in city and country, whenever his services may be thought useful. No. 4 Concord street, Monument Square, Charlestown, Mass. April 3—1f

**VACCINE VIRUS.**—Physicians in any section of the United States, can procure true quills charged with *Pure Vaccine Virus* by return of mail, on addressing Dr. J. V. C. SMITH, Park st., basement of the Park street Church, corner of Tremont, Boston, enclosing one dollar. Oct 22

**MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.**—The Massachusetts Medical Benevolent Society will hold its annual meeting at the rooms of the Massachusetts Medical Society, Savings Bank Building, No. 12 Temple Place, Boston, on Thursday, Oct. 28th, 1858, at 4 o'clock, P. M. In the evening the members will meet at the Revere House, at 8 o'clock. Tickets for the supper, at two dollars each, may be obtained of Dr. FRANCIS MINOT, Chairman of the Committee of Arrangements, at No. 140 Charles st., or of the Secretary, at 35 Essex st.

Members intending to be present at the supper are requested to give notice to that effect on or before Tuesday, 26th inst.

Names of candidates for Membership may be presented at this meeting, if previously forwarded to the Secretary for approval by the Council.

**HENRY W. WILLIAMS, Sec'y.**

Oct. 21-2t

**INFIRMARY FOR DISEASES OF THE NERVOUS SYSTEM.**—Dr. **RUFUS WOODWARD**, of Worcester, Mass., will open an Institution for the private treatment of this class of diseases, on the 1st of October, 1858. The House was formerly used for a water cure, and is abundantly supplied with apparatus for bathing, is pleasantly situated, and well warmed and ventilated. Dr. Woodward refers by permission to

Dr. LUTHER V. BELL, Charlestown,  
Hon. EMORY WASHBURN, Cambridge,  
Hon. JOHN S. C. KNOWLTON, Worcester,  
Wm. B. FOX, Esq., Worcester,  
Dr. MARSHALL S. PERRY, Boston,  
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Dr. GEORGE CHANDLER, Worcester,  
Dr. MERRICK BEMIS, "  
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Dr. JOSEPH SARGENT, "  
Dr. ORAMEL MARTIN, "  
Dr. HENRY CLARKE, "  
Dr. THOMAS H. GAGE, "

Oct. 21-3m

**PLANTS OF BOSTON.**—Wanted, a copy of Dr. Bigelow's *Flora Bostoniensis*, or *Plants of Boston*, last edition, for which the full price will be paid at this office.

Oct. 21-3t

**MEDICAL STAND IN NEW YORK STATE.**

—A good location for a physician, in a very pleasant village, a few miles from the city of Rochester, may be obtained by the purchase of buildings and lot, worth about fourteen hundred dollars. Name of the physician wishing to sell and of the town, may be learned by applying at this office, or of Dr. J. D. MANSFIELD, South Reading, Mass.

Oct. 21-2t

**PHARMACEUTICAL GRANULES AND DRAGEES** (*Sugar coated Pills*)—of GARNIER, LAMOURIEUX & Co., members of the College of Pharmacy, Paris.

All the pills of the U. S. Pharmacopœia.

All preparations of Iron, Quinine, Santonine, &c.

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All the alkaloids in granules of 1-5 to 1-50 of a gr.

These pills are all covered with a coating of sugar, and present great advantages in the quadruple point of view, of the exactness of the weight of the medicine, of its perfect preservation, its convenient and agreeable administration, and above all, its sensibly increased therapeutic action in the form of Dragees. Agent for the United States,

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Oct. 21-1yr

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**PHARMACEUTICAL GRANULES AND DRAGEES** (*Sugar coated Pills*)—of GARNIER, LAMOURIEUX & Co., members of the College of Pharmacy, Paris.

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All the alkaloids in granules of 1-5 to 1-50 of a gr.

These pills form a reliable and eligible mode for prescription, and possess especial advantages in country practice, as the sugar coating not only renders them palatable, but preserves their strength and protects them from changes occasioned by exposure to air and light. For sale, wholesale and retail, by **I. BARTLETT PATTEN, Druggist,**

32 Harrison Avenue, cor. Beach st., Boston.

Sept. 9.

**TO PHYSICIANS.**—Dr. J. R. NICHOLS, Manufacturing Chemist, has removed from Tremont to No. 7 Central street, and associated with him in business Mr. H. S. MOODY, an experienced Pharmacist.

The attention of medical men in New England is respectfully called to articles of our manufacture, consisting in part of the medicinal Hypophosphite Salts and Syrups; the Syrup of Phosphates; Phosphates of Zinc, Iron, Manganese. Nitrate of Silver; Iodide of Starch; Citrate of Iron and Strychnia; Citrate of Magnesia; Iodide of Iron; Sulphate of Morphia; Unchangeable Solution of Protoxide of Iron; Protoxide of Iron with Quinine; Protoxide of Iron with Iodide Potassa; Valerianate of Ammonia; Sulphuric Ether, Chloric Ether, Spirits Ether Nitras, &c. &c.

The establishment of a Pharmaceutical Laboratory in Boston is believed will meet with encouragement from Physicians, and they may be assured that all medicines bearing our name, shall be of the strictest purity and of true official character.

References.—Prof. Horsford, Cambridge, and Prof. Chadbourn, Williams's College, Chemists; T. Metcalf & Co. and T. Restieaux, Pharmacutists, Boston.

Oct. 14-ly

**QUERU'S COD-LIVER OIL JELLY.**—Approved by the New York Academy of Medicine, June 3d, 1857, contains 85 per cent. pure oil. This jelly can be eaten and no taste of the oil perceived. All the virtues of the oil are retained in it, and not only all retained, but increased; as being taken into the stomach in a semi-fluid state, it is slowly dissolved, and its digestion and assimilation are complete. Invented and prepared solely by E. QUERU, Practical Chemist, 135 Fourth Avenue, New York.

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From Pereira's *Materia Medica*, Vol. II., Part II. page 2243.

"The experience of the profession at large appears now quite to have established the fact that *Cod-Liver Oil* is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis: that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death."

Dec. 13.

**ANTI-CHOLERA.**—I. B. PATTEN'S *Disinfecting Fluid*—a valuable means of destroying the infection of *Cholera*, also of *Dysentery*, typhus and other *Fevers*; for purifying *Pails*, *Vaults*, *Cess-pools*, and all foul and infectious places. It is quicker and more certain than other similar articles, and exhales no odor of its own, as Labarraque's and others do. Prepared and for sale only by

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Sept. 2-tf

**DR. CABOT** has removed to No. 11 Park Square, four doors north from the corner of Eliot st., nearly opposite the depot of the Providence Railroad. Office hour from 12 to 1, as heretofore.

Aug. 26-ly

**FOUGERA'S COMPOUND DRAGEES OF SANTONIN**—a new, safe and efficacious vermifuge. For sale by **I. BARTLETT PATTEN,** S 2-tf 32 Harrison Avenue, cor. of Beach st.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1601.]      Thursday, Oct. 28, 1858.      [Vol. LIX. No. 13.

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## HARVARD UNIVERSITY. MASSACHUSETTS MEDICAL COLLEGE.

THE Annual Course of the Medical Lectures of Harvard University will commence at the Massachusetts Medical College in North Grove St., Boston, on the first Wednesday of November, 1858. The regular course will be as follows:—

D. HUMPHREYS STORER, M.D., Professor of Obstetrics and Med. Jurisprudence.  
 JOHN B. S. JACKSON, M.D., Professor of Morbid Anatomy.  
 GEORGE C. SHATTUCK, M.D., Professor of Clinical Medicine, and Adjunct Professor of the Theory and Practice of Medicine.  
 OLIVER WENDELL HOLMES, M.D., Professor of Anatomy and Physiology.  
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Clinical Medical and Surgical Instruction is given at the Massachusetts General Hospital, with Surgical Operations.

Collateral special medical instruction will also be given at the Hospital by Lectures and otherwise, by Drs. Bowditch, Abbot and Ellis.

Abundant Material is afforded for the study of Practical Anatomy. The Room devoted to this department is open day and evening, and lighted by gas.

Fees for the Lectures, \$80; Matriculation fee, \$3; Graduation fee, \$20. Hospital and Library gratuitous.

Good Board can be obtained at \$3 to \$4 per week. Boarding places provided on application to the Janitor at the College.

Students are requested, upon coming to Boston, to call upon the Dean.

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\* \* \* Circulars can be obtained gratis, upon application to David Clapp, Medical and Surgical Journal Office, over 184 Washington street, Boston.

August 26th, 1858.—tL

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Feb. 21,



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## WOUNDS PENETRATING THE CAVITY OF THE ABDOMEN.

BY JAMES B. COLEGROVE, M.D., SARDINIA, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

DR. J. B. STAUNTON, of Ellicottville, N. Y., has given me the history of the following cases of wounds penetrating the cavity of the abdomen, both of which I deem worthy of publication.

CASE I.—Mrs. R., German, æt. 30, the mother of eight children, laboring woman, strong, healthy, and with good constitution, was attacked by a cow, Wednesday, June 30, 1858, the horn of the animal penetrating the parietes of the abdomen at a point two inches above, and to the right of, the umbilicus. The wall of the abdomen was literally ripped open, from side to side. The wound measured twelve inches in length; the peritoneal coat was stripped into strings, and torn into numerous pieces; the intestines protruded from the wound bodily.

In this condition, the patient was found by Drs. Staunton, Williams and Arnold, who were summoned, and who arrived about two and a half hours after the occurrence of the accident. The bowels lay in an exposed condition, and were cold. A considerable quantity of extravasated blood occupied the cavity of the abdomen. The patient was not quite pulseless; vomiting had occurred. Dr. Staunton says that the smooth and glossy surfaces of the liver and stomach were distinctly visible. Much embarrassment was necessarily felt as to the course to be pursued. The lacerated and torn condition of the omentum rendered its return into the abdomen extremely hazardous and questionable. The supervention of peritoneal inflammation, of a character likely to be fatal in its termination, was almost certain. There was no alternative but its entire removal; this difficult and appalling operation was the only recourse. The vessels were seized with a small pair of forceps, in the process of excision, tightly tied, and each ligature cut close to the knot. Thus the *entire omentum* was removed. The extravasated blood was then gently absorbed by a sponge, which was made to penetrate every accessible part of the abdomen; the in-

testines were carefully washed and replaced, and the wound was closed with twelve stitches, adhesive straps being also applied. The pulse was 110, and quite full. Stimulants were, or had been administered to the patient. I forgot to say that she was seven months advanced in pregnancy. As near as could be judged, the patient had lost about three pints of blood. Five grains of Dover's powder were administered. The weight of the omentum, after its removal, was  $7\frac{1}{2}$  pounds.\*

2d day.—Pulse 160, full; considerable pain; tongue red and dry. Was bled one pint and a half. Opium and calomel, each one grain, once in four hours. Nitrate potash, gr. iij., every eighth hour.

3d day.—Pulse 140, full; intense pain; tongue red and dry. She was bled one pint. Treatment same as yesterday, with the exception of a cathartic of salts and senna.

4th day.—She aborted. The child was well formed, alive, but died in three hours after birth. From this time forward, the patient convalesced, the wound healing by first intention. Powerful cathartics were administered, which had a very prostrating effect.

10th day.—Signs of inflammation returned. She was bled one pint, and a cathartic of salts and senna was given; otherwise her recovery was steady and uninterrupted. Dr. Staunton thinks that the abortion was the result of the free administration of the cathartic medicine on the third day, rather than of the injury.

Sept. 20th.—The woman is quite recovered; performs all her housework without inconvenience. No tenderness of abdomen on pressure.

That this case is very remarkable in its whole history and result, no one will for a moment doubt. A very interesting case of incision of the abdomen was published in this JOURNAL, Vol. XVI., page 302, in which a greater part of the intestines are described as having passed out through the opening, but there was very little, if any, injury done to the peritoneum. Numerous instances of recovery from wounds of the abdomen have been referred to by authors of surgical works, from which it is inferred that such wounds, even though extensive in their nature, are not ordinarily fatal; but I have no recollection of having seen any case in which recovery took place after the removal of any considerable portion of the peritoneal covering. Mr. Samuel Cooper relates a case, in his Surgical Dictionary, quite similar to this; "the great arch of the stomach, and whole intestinal canal, except the duodenum, protruded through the wound." Referring to it, he says, "this case is really an interesting one; for notwithstanding so unlimited protrusion of the viscera, and the parts had been left unreduced more

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\* It adhered by several small attachments, amounting to three and a half or four inches in all—a fact not communicated to me until after the above article was written.



than an hour, a recovery ensued, under the judicious employment of bleeding, purging, anodynes, &c."

Every experienced surgeon is aware that instances occur occasionally, where the "condition of things" must form the basis of action, and that circumstances must guide him in the course he shall pursue, when he is compelled to act independently of all rules. That the patient should recover after the removal of the omentum entire, or nearly so, seems incredible; but it needs no further confirmation than the declaration of these physicians, all of whom are quite well known.

Much more might be said in reference to this case, as it affords abundant material for reflection; but I must leave the reader to the consideration of the facts, and to such applications as a history of the injury and its result may suggest.

CASE II.—Thomas Leggett, Irish, æt. 13, farmer boy. While at play in the hay field, Wednesday, August 4th, a fork tine pierced the skin of the abdomen, at about the seventh rib, and gliding downward under the skin, penetrated the walls of the abdomen, about two inches to the right of the umbilicus. Dr. Arnold was summoned. No blood escaped from the puncture after the instrument was withdrawn.

Dr. Staunton was called on the 11th, just seven days subsequent to the date of the accident. The condition of the patient at that time was truly alarming:—pulse 120, quick, feeble; great prostration; abdomen excessively distended; the pain intense, the patient screaming at every breath; both legs were drawn up; the teeth and tongue were covered with black sordes; countenance bloodless. There was every appearance of approaching death, from enteritis. Percussion of the abdomen gave unmistakable evidence of effusion. Without being satisfied as to the real nature of the fluid contained in the abdomen, Dr. Staunton determined to make a sufficient opening through the parietes to permit its escape. Accordingly, an incision was made, about an inch and a half in length. Two quarts of bloody serum were thus extracted, and about four ounces of decomposed blood also escaped, which was highly offensive and of about the consistence of tar. This done, Dr. S. introduced a female (silver) catheter, by which he succeeded in removing some remaining clots of decayed blood. The wound was then closed. Great relief was experienced immediately after the operation was completed; the patient allowed the limbs to be straightened in the bed, and without the exhibition of anodyne medicine he slept twelve hours (with slight exception) peacefully.

The condition of the patient for three days subsequently was precisely that of peritonitis—pain, excessive prostration, quick, feeble pulse, and vomiting, and his life was despaired of by Dr. S.; but to the infinite delight of the parents and physicians, he gradually recovered.

Sept. 26th.—Pulse 100, tongue red, appetite good. There is considerable tension and hardness, and an unnatural doughy feeling on pressure, but no tenderness. There was a free admission of air through the opening made by Dr. Staunton.

The lad apparently quite recovered from the prostrating effect of the injury and subsequent inflammation. If there was any question in the mind of the physician as to the cause of the inflammation, it can scarcely be doubted that the presence of so large a quantity of serum and blood in the peritoneal cavity was quite sufficient to produce it. The presence of atmospheric air may have been an additional cause, but the eventual recovery of the patient rather confirms the doctrine of Mr. John Bell and the later surgeons, that the admission of air into the cavity of the abdomen is not necessarily a fatal accident.

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#### DIPHTHERIA IN PROVIDENCE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Within a few weeks past, six cases of *diphtheria* have been recognized by physicians in this city, three of which have terminated fatally. The disease is precisely the same as that which has prevailed so extensively in France and England during the last two or three years. It commences with the usual symptoms of a severe cold, much fever, and a speedy deposit of false membrane on the tonsils and upper portion of the throat. The fever soon becomes markedly typhoid in its character, and there is great constitutional depression. The breath also becomes excessively foetid, and, in some cases, there has been an enlargement of the submaxillary and other glands, and œdema of the neck. Death has occurred from exhaustion and fever, and with no symptoms of asphyxia.

The false membrane is less adhesive, and more easily broken up than in croup, and more easily detached. In one instance here, which recovered, a complete cast of the uvula was detached. The treatment is plainly indicated by the symptoms, and consists in the application of solid nitrate of silver or dilute nitric acid to the false membrane, with an early and vigorous administration of tonics. The constitutional treatment is more important than the local. Emetics, administered with caution, are thought, by some, to be valuable, and chlorate of potash is thought to be useful. It will be noticed that the symptoms are quite different from those of the *diphtherite* described by Bretonneau—a difference which has been noticed in France and England. Some English writers think there is a direct connection between scarlatina and diphtheria, and others think that a prevalence of stomatitis indicates a tendency to diphtheria.

It is not necessary, in this connection, to notice the different



theories which have been advanced. My object is particularly to call the attention of physicians to the disease, that its first beginnings in this country may be observed, and its progress known; and especially that they may watch for any circumstances which seem to show the cause of the disease. A theory has been advanced in France and England, that the odor from privy vaults is the specific cause of diphtheria. Will physicians observe and report? E. M. S.

*Providence, R. I., Oct. 19th, 1858.*

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#### FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Continued from page 216.]

A GENTLEMAN was struck with the tongue of a carriage with which a couple of horses were running. The blow was received directly upon the back of the left elbow. Dr. Sprague and myself removed some small fragments of bone, and while opening the wound for this purpose, we could see distinctly the line of fracture extending into the joint as well as across the bone. The condyles were not separated.

The subsequent treatment consisted only in the use of such means as would best support the limb and most successfully combat inflammation. The arm and forearm were laid upon a broad and well cushioned angular splint, covered with oil-cloth, to which it was fastened by a few light turns of a roller.

Twelve years after, I found the humerus shortened one inch and a half. During the first year, he says, there was no motion in the elbow-joint, but he can now flex and extend the forearm through about 45°; when flexed to a right angle, it seems to strike a solid body like bone. Rotation of the forearm is completely lost, the hand being in a position midway between supination and pronation. He suffers no pain, and his arm is quite strong and useful. No means have been employed to restore the functions of the limb but passive motion at first, and subsequently constant, active use of the hand and arm.

The late Dr. Thomas Spencer, of Geneva, used to relate a case in which a surgeon was called to what he supposed to be a fracture of the lower end of the humerus, and which he treated accordingly, with splints, &c. On the second or third day, another surgeon was called, who removed the splints and bandages, and pronounced it a dislocation of the radius and ulna backward; but he was unable to reduce it.

After some time, the first surgeon was prosecuted for having treated as a fracture what proved to be a dislocation. Dr. Spencer, who had examined the arm carefully, gave his testimony last, and at a time when, from the evidence, it seemed almost certain

that the surgeon must be mulcted in heavy damages; but he declared his belief that both surgeons were right, since, on measuring the breadth of the humerus through its two condyles, he found that the humerus of the injured arm was three quarters of an inch wider than the opposite. His conclusion, therefore, was, that the condyles had been split asunder and were now separated; that the first surgeon properly reduced this fracture, but that when, on the second or third day, the second surgeon removed the splints and the dressings, a contraction of the muscles had taken place and the dislocation occurred, the bones of the forearm being drawn up between the fragments. Dr. Spencer believed this was an example of the variety of fracture now under consideration, but it is not quite certain that there was anything more than an oblique fracture extending into the joint, followed by a dislocation. In either case the first surgeon was entitled to an acquittal, and so the jury promptly declared by their verdict.

In a case of compound comminuted fracture of the character now under consideration, Dr. Stone, of the Bellevue Hospital, New York, removed the condyles, and sawed off the sharp end of the humerus. The woman was 26 years old, and intemperate. The operation was made as a substitute for amputation. No serious complications followed. On the ninety-sixth day the wounds were completely healed, and she could bend the forearm to a slight angle with the arm, the action of the muscles having drawn up the radius and ulna against the lower end of the shaft of the humerus, so that the motions were natural and free.\* The practice, as the result sufficiently shows, was eminently judicious; and its practicability ought always to be well considered before resorting to the serious mutilation of amputation. The great principle upon which the success of resection is here based, is the shortening of the bone, whereby the reduction may be accomplished without painful tension to the muscles; a principle which will demand of us hereafter a more careful consideration, and a wider application.

#### *Fractures of the Condyles.*

Chaussier describes that portion of the lower end of the humerus which articulates with the ulna as the trochlea, and that portion which articulates with the radius as the condyle; naming the apophyses which arise from them, respectively, epitrochlea and epicondyle. Some of the French writers have adopted this nomenclature, but I prefer, as being more familiar to my own countrymen, the terms external and internal condyle; to which it will be convenient to add the terms external epicondyle and internal epicondyle, as indicating the extreme lateral projections, which are formed from separate points of ossification, and which do not become united to the trochlea until about the seventh year of life, and sometimes much later.

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\* Stone. New York Jour. of Med., May, 1851, p. 302, vol. vi. of Second Series.



When, therefore, we speak of a fracture of the epi-condyle, we refer only to a separation of the epiphysis, such as it is in early life; or to its true fracture, when, at a later period, it has become an apophysis.

§ 7. *Fractures of the Internal Epi-condyle (Epi-trochlea—CHAUSSIER).*

This is the fracture which Granger first described in the *Edinburgh Medical and Surgical Journal*,\* and which he ascribed solely to muscular action. "A distinguishing circumstance attending this fracture, is, that of its being occasioned by sudden and violent muscular exertion; and it will be recollected that from the inner condyle, those powerful muscles which constitute the bulk of the fleshy substance of the ulnar aspect of the forearm, have their principal origin. The way in which the muscles of the inner condyle are involuntarily thrown into such sudden and excessive action, I take to be this—the endeavor to prevent a fall by stretching out the arm, and thus receiving the percussion from the weight of the body on the hand."†

It is a fact, perhaps of some significance in this connection, that most of these fractures occur in children, before the union of the epiphysis is completed, when muscular contraction might more often prove adequate to its separation, and when the epi-condyle is less prominent, and therefore less exposed to direct blows than in adult life: thus, of five fractures which I have distinctly recognized as fractures of the epi-condyle, all, except one, occurred between the ages of 2 and 15 years. But, then, it is equally true that a large majority of all the fractures of the internal condyle, including those which enter the articulation as well as those which do not, belong to childhood and youth. I have seen but one exception in fourteen cases. Since, then, direct blows generally produce those fractures which penetrate the joint, no good reason can be shown why they should not produce fractures of the epi-condyle. The exception to which I have referred as not having occurred in early life, is sufficiently rare to entitle it to especial notice.

On the 16th of May, 1856, a laborer, 34 years of age, fell from an awning upon the sidewalk, dislocating the radius and ulna backward; the dislocation was immediately reduced by a woman who came to his assistance, but when he called on me, soon after, I found a small fragment of the inner condyle, probably the epi-condyle alone, broken off, and quite movable under the finger. It was slightly displaced in the direction of the hand.

I could not learn positively whether in falling he struck the elbow or the hand, but there was presumptive evidence that he

\* "On a Particular Fracture of the Inner Condyle of the Humerus." By Benjamin Granger, Surgeon, Burton-upon-Trent. *Op. cit.*, vol. xiv., pp. 196-201, April, 1818.

† *Ibid.*, p. 196.

struck the hand; if so, then probably the fracture was the result of muscular action, which is the more extraordinary as having taken place in a man of his age.

It is pretty certain, however, that the theory of causation adopted by Granger is too exclusive. A lad was brought to me in October, 1848, aged 11, who had just fallen upon his elbow, the blow having been received, as he affirmed, and as the ecchymosis showed pretty conclusively, directly upon the inner condyle. The fragment was quite loose, and crepitus was distinct. He could flex and extend the arm and rotate the forearm without pain or inconvenience. I am quite sure the fracture did not extend into the joint; indeed the result seemed also to confirm this opinion, for in three months from the time of the accident the motions of the elbow-joint were almost completely restored.

Indeed, Mr. Granger has failed to establish, by any particular proofs, that in more than one or two of his cases the fracture was the result of muscular action; but, on the contrary, I am disposed to infer, from the violent inflammation which generally ensued in his cases, from the frequency of ecchymosis, and especially from the injury done to the ulnar nerve in at least three instances, that most of them were produced by direct blows inflicted from below in the fall upon the ground. Fractures produced by muscular action are seldom accompanied with much inflammation or effusion of blood, and it is much more probable that the ulnar nerve should have been maimed by the direct blow which caused the fracture, than by the displacement of the apophysis, which is, as we shall presently show, almost always carried downward, and oftener slightly forward than backward. It is only when the fragment is forced directly backward that the ulnar nerve could be made to suffer; a direction which, it does not seem to me, it could ever take from muscular action alone.

*Direction of Displacement, Symptoms, &c.*—I have seen this fragment displaced in the direction of the hand, or downward, very manifestly twice, and in two other examples a careful measurement showed a slight displacement in the same direction. The greatest displacement occurred in a boy 15 years old, who was brought to me from St. Catherine's, Canada West. He had fallen upon his arm in wrestling, and his surgeon found a dislocation of the bones of the elbow-joint, which he immediately reduced. The fracture was not at that time detected, the arm being greatly swollen. No splints were applied. It was three months after the accident when I saw him, at which time I found the internal epicondyle broken off and removed downward toward the hand one inch and a quarter; and at this point it had become immovably fixed. Partial ankylosis existed at the elbow-joint, but pronation and supination were perfect.

In one instance I believed the fragment to be carried three lines



## *Biliary Calculus—Veratrum Viride.*

upward and two backward toward the olecranon; in each of the other examples the fragments have not seemed to suffer any sensible displacement.

Granger found, also, in the five examples which came under his notice, the epi-condyle carried toward the hand, with more or less variation in its lateral position, so that while in some instances it touched the olecranon, in others it was removed an inch or more in the opposite direction.

It is probable that, except where controlled by the force and direction of the blow, or by some complications in the accident, the fragment, if displaced at all, always moves downward toward the hand, or downward and a little forward in the direction of the action of the principal muscles which arise from this apophysis; and when the fracture or separation is the result of muscular action alone, this form of displacement seems to me to be inevitable.

[To be continued.]

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## **Reports of Medical Societies.**

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

*Woburn, March 24th, 1858.*

THE Society met at the house of Dr. S. WATSON DREW. Dr. INGALLS exhibited a portion of hepatized lung removed from a horse who died suddenly to-day. There was double pneumonia. The small intestines, also, about one foot below the larger stomach, were found engaged in an opening in the omentum. A knuckle of nearly three feet of the gut had passed through, and was strangulated there. The stricture was so close and unyielding that a finger could not pass through it. Another horse died in Winchester, as suddenly, to-day. Hence the examination.

The liver, pancreas and stomach, with a biliary calculus, and one from the hepatic duct, removed from a patient of Dr. WAKEFIELD, were exhibited by the Secretary. The following account was given. Mrs. K., 60 years of age, four years ago had severe hepatitis. Nov. 26th, 1857, worn out with care, she experienced a sharp pain in her bowels while at stool. After vomiting, it ceased. For every four or five weeks after this, she was confined to bed with nausea, for the space of ten days or so at a time. Still appetite was good and pulse regular. Each attack was more severe than its predecessor. During the last illness, she took a lobelia emetic. Vomiting continued until death. This emetic was taken at the instigation of a botanic doctor. Subsequently she was under regular treatment. Thirty-seven faceted concretions were found in the gall-bladder, and one in the hepatic duct. This was round, of an iron-rust color, clave concentrically, and was friable—differing much in its physical characters from the white, hard, angular calculi found in the bile reservoir. The gall vesicle was thickened, and its capacity diminished by transverse bands.

Two papers upon the *veratrum viride* were read by Drs. CHAPIN and RICKARD. They highly commended the article as an arterial sedative, and corroborated the statements hitherto made.

Dr. HODGSON remarked, that for some time he had found the *veratrum viride* to reduce the pulse in pneumonia invariably. However, in a case where cerebral effusion supervened upon the pneumonitis, the *veratrum viride* had no power.

Dr. TOOTHAKER had marked success with it in some cases ; in others, not—as scarlatina. He thought that local inflammation should be present as an indication for its use.

Dr. B. CUTTER found its greatest power in infantile cases. He had also used it externally. In a case of mastitis, a suspicious swelling appeared on the inside of the left arm, looking like a pyogenic abscess. He abated the swelling by discussing it with a tincture of one third the usual strength. The other breast becoming sore, was relieved by a similar discussion. Subsequently it availed not. A case simulating phlegmasia dolens was similarly treated, besides the use of other means, with success. Dr. B. stated that his preceptor, the late Dr. Frank Kittredge, of Woburn, prescribed it in cataplasms for ulcers of the leg.

Dr. CHAPIN had successfully employed the *veratrum viride* in cerebral cases. It was an excellent adjuvant to cough mixtures. Combined with ergot, it does well in phthisis with hæmoptysis and profuse expectoration.

The gentlemen for the most part had found the *veratrum viride* useful in scarlatina.

The following papers were read :—On the 416 cases of obstetrics which had been returned by the Society, for 1857, by Dr. W. Ingalls (published in the Boston Medical and Surgical Journal); on the zymoses of 1857, as they occurred in the practice of the members, by the Secretary ; on Dr. N. R. Smith's anterior splint for fractures of the lower extremity, by Dr. E. Cutter ; and on a modification of Desault's splint, by Dr. Alonzo Chapin.

On motion of Dr. Chapin, Howland Holmes, M.D., of Lexington, was elected an honorary member.

The following paper, on the *rhus radicans* (poisoning), was read by Dr. Chapin, Jan. 15th, 1851.

"During the past fall there came under my care a young woman, poisoned by the *rhus radicans* (poisoning). When called to her, her face, ears and neck had an erysipelatous redness, and were seemingly swollen to their utmost capacity. She could not open her eyes, her nose was closed, and no African ever exhibited such a formidable pair of lips. The febrile action was great ; skin hot, pulse full and rapid ; throbbing and compression about the brain, and partial coma. Her hands, too, exhibited partial redness, but were not much swollen.

"In treating the case, I probably should have been justified in the abstraction of blood ; but omitting that, I employed an antiphlogistic course, internally, and left a cool saturnine lotion to be frequently applied to the affected parts externally.

"The next day her symptoms were all worse ; she was more swollen, and had more coma. Her appearance was that of aggravated erysipelas, and might have been taken for that, had not the family been positive as to the cause. Its similarity suggested to my mind a similarity of treatment, and I at once prepared an aqueous solution of nitrate of silver, which I sprinkled over her face and neck.

"The next day I found her impatient for me to arrive. The redness and swelling had much subsided, and she felt greatly relieved. She



stated that the application of the lunar caustic wash produced an immediate cooling sensation, had removed much of the burning heat, and she wished it applied again. One of the ears, which had been accidentally neglected, was still greatly swollen, and had begun to vesiculate. After this, the face rapidly improved, and recovered much faster than an ordinary course of erysipelas.

"The hands, meanwhile, not seeming very bad, were neglected, but at length became greatly swollen, blistered badly, and were a long time in healing. She had unwittingly handled the poison with them, but the skin being thicker than on the face, might have been the reason that they were not so rapidly affected; and perhaps, for the same reason, the application of the nitrate of silver did not act so readily in destroying the virus.

"Its early application to the face, by destroying the cuticular absorbents, is the *modus operandi* on which I would explain the speedy cessation and decline of the inflammatory action. And as auxiliary, I should recommend a previous thorough washing of the surface with soap and water, to remove any virus that may adhere to the skin.

"This is but a single case; but the speedy and great relief furnished by the nitrate of silver impressed me favorably, and induces the wish that it may be further tried in cases of poisoning from the same article."

[*Vide* Boston Medical and Surgical Journal, Vol. XIX., pp. 190 and 256, for an article on the same subject by Dr. Toothaker. Also, *vide* Am. Journal of Medical Sciences, Vol. IV., p. 99, for a similar article by Dr. R. Dakin, and a most reliable prescription for this poison:—  
℞. Sulph. cupri, precip. mer. rub., aa ʒj.; terebinth. Ven., ʒiij.; axunge porc., ʒj. M. Fit ung. Dr. Benjamin Cutter has used the above for many years. The same treatment answers for the poison of the rhus venenato, or dogwood.—Sec.]

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

AUGUST 9th.—*Cysts from the Cavity of the Arachnoid.* The specimen shown by Dr. ELLIS, from a patient of Dr. C. E. WARE.

The patient was a man 65 years of age, of somewhat intemperate habits. On the first of July, 1857, he was struck by the boom of his vessel on the back of the neck and head. He was stunned, and severely injured at the time, and since has never been free from pain in the back of the head, extending through to the forehead. He entered the Hospital July 14th, 1858. His health had been rapidly failing for the previous four or five weeks. He complained only of pain through the frontal region. His memory was much impaired, so as not to be trusted from moment to moment. His bodily functions were all well performed. He continued to fail in mind and body, passed into a state of lethargy and coma, and died without the occurrence of any other symptoms. He never had any paralysis, nor anything which resembled an apoplectic attack.

*Sectio Cadaveris*, by Dr. C. ELLIS.

Head.—The inner surface of the calvaria, near the vertex, was reddened, and quite porous, or, rather, traversed by minute channels, which gave it the appearance of being affected with osteoporosis. Over the superior and lateral surfaces of each cerebral hemisphere, be-

tween the dura mater and the arachnoid, or, considering the latter a sac, in its cavity, were cysts, composed of a firm yellowish membrane, less than half a line in thickness. That upon the right side contained within its cavity about two ounces of thin blood, and soft, blackish coagula. A small quantity of yellowish fibrin also adhered to the inner surface. Within about an inch of the periphery, in all directions, the two walls were united, and then, as a single layer, became thinner and thinner until they were lost, near the longitudinal sinus above, and toward the base elsewhere. Upon the left side, although a cavity existed, the walls appeared to have been in contact. There was decided flattening of both hemispheres beneath the sacs, which adhered very slightly, if at all, to the arachnoid, while their union with the under surface of the dura mater was such as to render some care necessary in their removal. The brain itself appeared healthy.

The posterior part of the lower lobe of the right lung was hepatized, though the tissue was not solidified to the degree generally seen.

The other organs were examined, and found sufficiently healthy.

Dr. JACKSON remarked upon it as a curious pathological fact, that a membrane should form about blood effused into the cavity of the arachnoid; and that such changes should subsequently occur in it. He had examined, *post mortem*, three cases that he supposed to be of this nature. The first occurred many years ago; a thin, but very tough membrane was formed quite extensively, in part connected with the dura mater and partly separated from it. The case was not understood, as there was no effused blood, though there probably had been within two months. In the second case, about five ounces of blood were effused over the right hemisphere; and the membrane was so tough that, though great force was used, it was not torn. The patient was an elderly man, and the disease could not have dated back more than three weeks. In the case of the Hon. Daniel Webster, which was fully reported by Dr. Jeffries in the *American Journal of Medical Sciences* for 1853, there was a fibrinous effusion over the convexity of both hemispheres, the greatest thickness being about one fourth of an inch; no blood was found, and there had never been any satisfactory evidence, from symptoms, of any considerable effusion, and yet an effusion had probably taken place.

Dr. J. referred to numerous specimens that he had seen in European museums. In one, that was exhibited at a meeting of the Anatomical Society in Paris which he attended in 1851, the cyst was as large as the two fists, partly ossified, as it was in some of the other cases; and, when recent, filled with a pultaceous matter. Dr. J. further referred to an article upon this subject in the *Med.-Chir. Trans.*, by Mr. Prescott Hewett.

AUGUST 23d.—*Fibrous Tumor of the Uterus.* Dr. AYER showed the specimen.

The patient was 40 years of age, the mother of five children; she had had uterine hæmorrhage, at intervals, for four years, and been under the care of various physicians. He had been called to her only a few times previously, and then to pass the catheter. The character of the tumor had not been determined, till, one day, after a long walk, the entire mass came away. Its form was heart-shaped, appearing like an enormous uterus, inverted. It was found to be pediculated, and attached to the uterine wall. Dr. H. G. Clark saw the patient, in consultation. A strong ligature was passed around the



pedicle, and tightened daily. The tumor separated on the fourth day; its apex was marked by a smooth circle, worn by pressure on the os uteri. Weight of tumor, two and a half pounds. To the knife, its resistance was firm, and the substance throughout hard. No hæmorrhage followed the operation, and the patient has greatly improved under the use of citrate of iron and other tonics. There is, however, procidentia uteri, compelling her to lie abed a portion of the time, and wear a supporter when about.

AUGUST 23d.—*Gonorrhœa; Abscess of the Penis.* Dr. COALE mentioned the case.

He first saw the patient, a young man, in June. At that time there was nothing remarkable in the appearance of the case. On the 4th of July, the penis showed signs of erysipelas, followed subsequently by an abscess of the size of a hen's egg, which was laid open. It had dissected up the integuments, and laid bare the corpus spongiosum. He laid it open freely, and dressed it with tincture of myrrh and powdered bark. At the end of three weeks he had recovered. Another abscess afterward formed at the root of the penis. This was opened, and discharged laudable pus, without any urinous odor. This soon healed. The general treatment was by copaiba. Dr. C. thought this complication extremely rare.

AUG. 9th.—*Tumor from the Penis of a Horse.* Specimen exhibited by Dr. ROBERT WARE. It consisted of a fatty tumor, first noticed about ten days ago. It was situated about six inches from the extremity of the penis when extended, and was attached to the prepuce. The horse was 18 years old.

SEPT. 13th.—*Congenital Stricture of the Anus.* Specimen shown by Dr. JACKSON. The patient died at the age of 18 months, of a dysenteric affection. At birth, the opening was only large enough to admit a probe. It was gradually enlarged by the aid of bougies. The intestine above the stricture was considerably dilated. The specimen was from Dr. Seaverns, of Jamaica Plain.

SEPT. 23d.—*Heart—Interventricular Opening.*—Dr. JACKSON showed the specimen, which he had received from Dr. N. L. Folsom, of Dover, N. H., from a girl aged 11 years and 8 months; tall of her age, very slender; able to go to school occasionally, but often sick. She had had blueness of skin from birth; palpitation and dyspnœa. Had influenza last November, and died of phthisis on the 17th of this month. The opening in the septum would have admitted the end of the little finger; and the aorta arose, of full size, directly over it and about equally from the two ventricles. The pulmonary artery was rather small, and had but two valves. The two ventricles were about equally thick; the left being thinner and the right much thicker than natural. Foramen ovale; small opening.

Dr. J. remarked that, as far as he had seen, the lividity was the exception and not the rule in these cases. An abnormal condition of the pulmonary artery of some sort, with thickening of the right ventricle, seems to be always found in interventricular openings.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 28, 1858.

THE PURITY OF MEDICINES.

It is, beyond dispute, one of the most vital interests of humanity, that all medicinal substances should be entirely reliable. There cannot, we think, be any doubt that much of the failure often experienced with medicines, arises from a faulty preparation of good materials, or, more frequently, from the employment of spurious or effete substances. Many evils result from this state of things. The first and chief is, that patients suffer; and the most serious consequences must constantly ensue. The modern physician, it is well known, uses comparatively very little medicine; but such as is required should be the best it is possible to obtain. Think of encountering a violent attack of colic, or any other excessively painful affection, with worthless opium; or of combating an intermittent, with quinine innocent of its chill-subduing power!

The next bad effect of poor medicines is that the physician is blamed. The inefficiency of the medicaments is charged upon *him*; and he is set down as incompetent to choose, or unacquainted with the effects of drugs. To such an extent may this mischief go, that a worthy and skilful practitioner may be discharged, and the patient entrust himself to quacks, and run the entire gauntlet of reckless empiricism.

It is therefore not only highly important that the purest articles should be selected and furnished by druggists, but every honest attempt to improve the processes of the preparation, and to facilitate the pleasantness of the exhibition of medicines, should be hailed with gratification by the profession. Nothing, however, of value, should be sacrificed to mere elegance of form or ease of administration. It were far better that an unpleasant mixture or a large powder should be swallowed, in a serious case, where medicinal action is imperatively demanded, than that squeamish delicacy should die with a gilded or sugared pill between its lips, or ineffectually slumbering in its stomach! And the same is true with regard to the infinitesimal granulations which fill the homœopathic toy-boxes, and melt upon the tickled palates of the adherents of that moonstruck fraternity.

In common with very many of our editorial brethren, and with the hope and belief that a great good had been effected, we have spoken with favor of the methods so extensively adopted, of late, by practical pharmacutists, to concentrate medicinal substances and thus present the physician with weapons less obnoxious to the majority of his patients. By less *obnoxious*, we mean less offensive to sight, smell and taste—for, of course, our object is the same, and, our intent being beneficial, it is understood that our processes are conscientiously resolved upon.

It is, however, of the greatest importance, that no change should be wrought in the quality of the medicines, by the novel methods of treating the substances from which they are derived. The greatest care should be used in their preparation, so that no fermentation, in very hot climates, shall spoil them, nor other accidents befall them from

careless management. Moreover, the most scrupulous watchfulness should be exercised that no mistake be made as to the ingredients of every mixture, pill or powder. In our issue of September 30th, 1858, we noticed the Book of Formulæ, just published by Messrs. Tilden & Co., whose preparations, in common with those of Thayer & Co., we have, from time to time, employed with satisfaction. Two or three of our cotemporaries have lately commented very freely, and one, we think, with unnecessary harshness, upon sundry short-comings of the first of the above establishments. We should be the last to excuse criminal carelessness in pharmacutists who cater so extensively for the public demand for medicinal articles—but we think the other side ought to be fairly heard, and prefer to suspend judgment until it is. Mr. Tilden has called upon us within a few days, and he states that an explanation of the matters at issue will shortly be published. We can but agree with our *confrères* above referred to, as to the blame to be attached, in allowing tartarized antimony to be dispensed in pills which should have contained, instead, *antimonii sulphuretum precipitatum*. The firm should also have been more accurate than to declare that, on analysis, the said pills were correct according to the United States Pharmacopœia; since Plummer's pill is not officinal by that standard, although it is recorded in the Dispensatory of Wood and Bache.

The fact of destructive fermentation taking place in the medicinal extracts of Tilden & Co., in the city of New Orleans, is attributed by the head of that firm to the removal of the chlorophylle from them; and he ascribes the non-fermentation of the English extracts to their containing starch. A full explanation of the facts relative to this point, and based upon thorough experimentation, is promised by Mr. Tilden.

There is one procedure upon which we join issue with Tilden & Co., and will do so with any other manufacturing house which gives us similar occasion; and we have done this by directly speaking to the head of the house upon the subject, so that he will not be surprised to see our opinion stated in our pages. Tilden & Co. have, in their late circulars, announced a sugar-coated, "improved" compound cathartic pill, "*without calomel*." Now, in the first place, the old compound cathartic pill is a very excellent one, and we doubt if it is *improved* by substituting podophyllin for calomel. The truth is, there is a great deal of namby-pamby twaddle poured forth by ignorant persons in reference to calomel—a substance which, when judiciously administered, and under the eye of a true physician, is often of inestimable value. That it may be abused, is undoubtedly the fact—but not in proper hands. We protest, then, against this act of Messrs. Tilden & Co., which only serves to foster an absurd prejudice, and rather tends to cripple the practitioner who knows how to use medicine. If the latter does not think calomel proper in a given case, he is not compelled to use it—he surely has an ample choice from the list of cathartics and laxatives—and it is unbecoming, in any pharmaceutical house, to put forth a pill, of the style of Tilden & Co.'s "*improved compound cathartic*," with the significant intimation "*without calomel*." The effect upon the public is, to throw a reflection of an unfavorable nature upon the profession, and, in an uncalled-for way, to minister to unreasonable and mischievous prejudices. We do not accuse Tilden & Co. of doing this wilfully; and we hope that no practical pharmacutists,

who derive, as do these gentlemen, a large revenue from their sales, and for which they are in a great measure indebted to our profession, would, for the sake of gain, do anything which, like the above, tends to injure all concerned, and indirectly to foster quackery.—We await Messrs. Tilden & Co.'s promised communication relative to the subjects upon which we have commented; and we cannot but hope that it will prove abundantly satisfactory.

NOCTURNAL INCONTINENCE OF URINE IN CHILDREN.

EVERY practitioner has probably been baffled in his efforts to cure the nocturnal incontinence of urine in young children, a source of so much annoyance and vexation to parents and nurses, and so prejudicial to the comfort and even to the health of the subjects of this infirmity. A most interesting paper on the subject, read before the College of Physicians of Philadelphia, by Dr. ADDINELL HEWSON, is printed in the last number of the *American Journal of the Medical Sciences*, and as it is based upon an extended observation, and as the results are highly satisfactory, we make no apology for laying an abstract of it before our readers.

Dr. Hewson's observations were made upon children in the House of Refuge, in Philadelphia, containing 292 boys, averaging about 12 years of age, and 80 girls, who were rather older, both white and colored. It was found, strangely enough, that but two of the girls were in the habit of wetting their beds, and these did it so seldom as not to be a source of annoyance. Among the boys, there were 78 addicted to this habit, being a proportion of 1 to 3.75, who were affected with enuresis; but only 63 were the subjects of observation, the other 15 having been discharged at an early period from the institution. The disease was more than twice as prevalent among the blacks as among the whites, the ratio being 1 in 2.7 for the former, and 1 in 7 for the latter. Of the whole number, the general appearance of health was good in 34. More than one third of the whole number suffered from ascarides. The average specific gravity of the urine was 1018. In 16 individuals it was 1020. Uric acid was deposited in 31 specimens, and urate of ammonia in 8. The prepuce and penis were much discolored, and the former much elongated, as either from frequent pulling, to relieve the itching of cystic irritation, or as from masturbation, in no less than 46 cases. This vice was confessed by 18 boys, and strongly suspected in 33 others.

The effect of diet on the disease was quite marked, the greatest number of cases being reported for Wednesday and Saturday night, especially the latter. Now, on those days the inmates of the colored department had salt pork or fish, and hominy, for dinner, while the white boys had the same only on Saturday; and fresh boiled beef, soup, potatoes, rice, cabbage and bread on the other days. There was always a fewer number reported for Sunday night, on which day the boys had bread and molasses, instead of mush and molasses for supper, and it was found that abstinence from liquids at the evening meal was followed by well-marked diminution of the enuresis. Atmospheric vicissitudes were also not without their influence; it was found that the number of cases was always increased by a sudden and decided fall in the thermometer and barometer.

In the treatment of these cases, Dr. Hewson made trial of all the principal remedies which have been recommended, commencing, how-

ever, with the bromide of potassium, in the doses of two and a half and three grains, thrice daily. This medicine suggested itself to him on account of the anaphrodisiac effect which he had seen it exert in cases of seminal emissions and masturbation; and thinking that much of the incontinence was owing to irritation consequent on this vice, he determined to give it a trial. The result was that 9 of the 63 were promptly and completely cured, although among them were three subjects in whom there was no reason to suspect masturbation. In 4 cases there was material relief, but in the 50 remaining cases it seemed to exert no beneficial effect whatever, though persevered in for two weeks. The cold douche in the back, loins and belly, was employed in conjunction with the bromide of potassium, but as it had been previously used without benefit, there seems no reason to ascribe to it any of the success obtained. The tincture of the chloride of iron was next tried, in doses of five and three drops thrice daily, which was doubled, at the end of the first week of its use, and combined with the cold douche and a dry supper of bread only, but at the end of six weeks the number of cases was as great as when the use of the iron was begun. Cantharides was next employed, but with no better effect.

Finally, Dr. Hewson established what he considered a more rational plan of treatment. He ordered for each boy suffering with constipation, a dose of magnesia; for those affected with worms, turpentine and bicarbonate of soda, thrice daily, and five drops of Squire's belladonna juice, prepared by Bently's process. The boys were also ordered to have a dry supper of bread alone, and the cold douche, and each one was made to rise and urinate an hour after retiring for the night. Under this plan the number of cases diminished with astonishing rapidity, and in two weeks only four cases, besides those who wet their clothes during the day, were reported, and these were suspected of deliberately wetting the bed for the sake of being continued on bread for supper, which they preferred to the mush. All the cases were therefore put on a small allowance of bread for supper, so as to go to bed hungry. From that time there was not another case, and, at the expiration of Dr. Hewson's term of service, the patients had all been without treatment for two weeks, and there was no recurrence of the disease in those affected with the nocturnal incontinence alone.

It would be interesting to know how far the belladonna was concerned in the gratifying results obtained by Dr. Hewson, and we regret that he did not select a number of cases to be treated like the others, except with the omission of this drug, in order to test its powers. We feel that the profession is much indebted to him for his elaborate and valuable observations on this unmanageable affection.

CANNABIS INDICA.

A CORRESPONDENT, whose queries respecting the *valerianate of ammonia* we have endeavored to answer, makes the following remarks respecting the Cannabis Indica. We believe that the experience of many other practitioners coincides with his; we have had no experience with the article ourselves. We hoped to have been able to present our readers with an interesting description of the effects of the extract upon the person of a physician of Boston, but we have been disappointed. Perhaps we may still be successful in obtaining the article for publication.

"With regard to Cannabis Indica, I have used several preparations (by different pharmacutists), and, in the ordinary doses of five to ten drops, have never been able to see any specific effects. I have given it in doses of twenty-five, thirty, forty, forty-five; and so on up to ninety drops to two persons—myself and a friend—and found nothing more than such sensations as those produced by a nasal, faucial and general cephalic catarrh, in its second stage, i. e., when the lining membrane of the nasal and adjacent passages and cavities had fairly begun to swell. I have used it in several cases in doses of twenty to twenty-five drops hourly, without any effect, if I except my own disappointment. It may be, however, that all the preparations (or rather specimens of similar or like preparation—tincture) I have used have been inferior or spurious. There is one view of the matter, however, which makes me somewhat skeptical with regard to the great advantage to be derived from the use of this article. I refer to the diseases for whose cure or alleviation it has been recommended. These are hydrophobia, tetanus, rheumatism, flooding, catalepsy, chorea, epilepsy, neuralgia, &c. &c. Now, I do not overshoot the mark when I say that a hundred other articles have already been equally lauded as specifics or palliatives in the foregoing affections, and they still remain, at this day, as intractable as ever. If a medicine or medicinal agent has no other claim on our confidence than its efficacy in such diseases as I have mentioned, I think it should be regarded rather with distrust than confidence. *Its great (imagined) powers in those diseases give evidence only of the ignorance of the profession with regard to it.*"

"POLITICS AND MEDICINE."

MESSRS. EDITORS,—The "outburst of righteous indignation," contained in your editorial on "Politics and Medicine," in the last number of the JOURNAL, in view of "the indignities thrown upon the medical profession," will meet with a ready response in the breast of every physician legitimately qualified to engage in the duties of his sacred calling, as well as of every sincere lover of his fellow men.

What do the Governor and his advisers mean? Is it thus that they illustrate the sincerity of those much-vaunted professions of reform with which their reign was inaugurated? It is painful to witness the noble charities of our State dragged in the mire of political turpitude, and prostituted to ignoble ends; but it is still more painful, if possible, to see the Governor of the State of Massachusetts offer a premium to ignorance and quackery, by appointing notoriously incompetent persons to high places of trust; and this, too, at the expense of those who, by time, labor and outlay of means, have qualified themselves to discharge the duties of such positions creditably to themselves and the profession which they represent; and in a manner the best to promote the objects for which the charities were designed.

In the case of Dr. Brooks, it is notorious that he was removed in order to make way for another, as a reward for partizan zeal and services; and who obtained the place of Superintendent of the Institution according to promise, while the other principal, but defeated competitor for the office, has since received as a "placebo" the appointment of physician to the same Institution. He, also, is obnoxious to the same objections which you urged against the Superintendent, being of the same kidney in respect to medical "isms." They are both disciples of the *erudite* Thomson. I am a supporter of the

present State administration, yet I believe that such flagrant injustice to worthy and honorable men, by removing them from office from sinister motives, and such wicked abuse of power in the appointment of unqualified persons to fill places of responsibility, if unatoned for, will compel the people to place their seal of condemnation upon all such unworthy dispensers of patronage; and, if continued, to pass their verdict,

"Never more be officer of mine."

Northampton, October 22d, 1858.

C. N. C.

QUACKERY UNMASKED.

MESSRS. EDITORS,—This is the first time that I have troubled you with any communication of mine, and my apology for doing so at this time is the strong interest I feel in every laudable effort to enlighten the public mind, and discourage quackery. I have been especially induced to address you now, from witnessing the strong and varied opposition which is manifested toward a recent publication entitled "Quackery Unmasked," by Dan King, M.D. Quacks of all sorts, although differing in every thing else, agree in their efforts to suppress it. Apothecaries, who deal largely in nostrums, discourage its circulation; and editors, who derive their principal support from quack advertisements, either refuse to notice it at all, or misrepresent it.

The book is the result of long and patient investigation and research, and should be in every family. It contains much that every one ought to know. Wherever it is candidly read and considered, it *must and will* have a salutary influence. I believe it to be the duty of physicians to give the public correct information upon the subject of medicine, and the circulation of the work referred to cannot fail to do much to further so desirable an object.

I. D. N.

Massachusetts Medical College.—The annual course of lectures at this Institution will begin on Wednesday, November the third. The introductory lecture will be delivered at 12 o'clock, M., by JOHN BACON, M.D., Professor of Chemistry. Physicians, and gentlemen interested in medical science, are invited to be present.

Professor Bacon is a fluent and pleasant lecturer, and we doubt not that those not connected with the profession who can spare an hour to listen to him, will be interested in what he may have to say.

Every season offers more facilities for students coming to our city for instruction; and, by the industrious and persevering, a competent medical education is sure to be obtained. The Faculty spare no pains to secure to learners the attainment of this end; and we trust that the public will avail itself of this and similar opportunities to become acquainted with the fact.

Massachusetts Medical Benevolent Society.—The annual meeting of this Society will be held to-day (Thursday), at the rooms of the Mass. Medical Society, at 4 o'clock, P. M. The annual supper, which was to have occurred to-night, is postponed one week, and will take place at the Revere House, Thursday evening, Nov. 4th, at 8 o'clock.

An inquest was recently held in England on the body of a child of five years, the jury returning a verdict that it came to its death in consequence of eating the berries of the mountain-ash tree.

College of Physicians and Surgeons, New York.—The introductory address of the winter course of lectures at the College of Physicians and Surgeons, corner of Twenty-third Street and Fourth Avenue, was delivered on the evening of the 18th inst., by Professor Willard Parker, M.D., before a very large audience. The graduates who took their diplomas numbered nineteen; were intelligent-looking, and are, doubtless, well qualified for the responsible duties of the profession.—*New York Times.*

Bellevue Hospital School.—At the Bellevue Hospital, on the 18th, Dr. J. W. Francis delivered the introductory oration, and Dr. James R. Wood, after a few prefatory explanations on the processes of nature in the reparation and re-production of the bony structure, performed two operations—one for the removal of the lower, the other for the excision of the upper jaw, for disease produced by the inhalation of phosphorus in the trade of making matches.—*Idem.*

Narcotic Injection to relieve Pain.—A trial was lately made at the University College Hospital, London, of the plan recommended by Dr. Alex. Wood, of Edinburgh, in 1855—namely, of injecting a few drops of morphine over the seat of the affected nerve in cases of excessive local pain. In the case alluded to, the supposed remains of a rusty nail in the back of the hand were attempted to be removed, but the severe pain which had before existed continued after the operation. By means of a small syringe, about twelve drops of the solution of morphine were injected beneath the skin (the old wound having perfectly healed), close to the seat of pain. No amelioration followed; on the contrary, both immediately after the injection, and on the next day, the pain was increased.

Cancer of the Mouth—Silver Sutures.—A man, 52 years of age, a laborer, and an inveterate smoker, was operated on at the London Hospital, July 27th, for the removal of a cancer—a well-marked case of *buccal epithelioma*. The right side of the mouth and cheek were occupied by it, and it encroached somewhat upon the lips. The patient had ordinarily consumed as much as half an ounce of tobacco daily, and the stem of the pipe had invariably been placed at the seat of the cancer, which first showed itself ten months before, the general health being good. The edges of the wound were brought together with silver-wire sutures, union by adhesion ensued, and on the 8th of August the wound was quite healed.

Ulceration between all the Toes of both Feet.—A girl, 20 years old, was admitted into St. Thomas's Hospital on the 7th of September, with ulcerated surfaces between all the toes of both feet. They were tender and sore, and disabled her from walking. The ulcers commenced without any known cause, six weeks before, in the form of single blisters, which burst, the skin coming off, and a raw surface being left beneath. Small doses of aloes-and-myrrh pill, with mercury and chalk, twice a day, internally, and zinc ointment, carefully spread on strips of lint, placed between the toes as far as possible, to prevent union, were used, and an improvement was taking place. The formation of webbed toes may easily take place, in adult life, in a case like this.

A similar case recently took place, according to the *London Lancet*, in the Charing-Cross Hospital, in a little girl 5 years of age, depending upon ecthyma.

Health of the City.—The number of deaths last week was small. Deducting casualties, there were but 56 from disease. The correspondence between the mortality of the week, and that of the corresponding one of 1857, was striking; for that week there were 67 deaths, of which 9 were from consumption, 4 from pneumonia, 4 from cholera infantum, and 2 from casualties.

MARRIED.—At Newburyport, 20th inst., Dr. George W. Kennison to Miss Hattie A. Stephenson, of Washington, D. C.

Deaths in Boston for the week ending Saturday noon, October 23d, 60. Males, 29—Females, 31.—Accident, 3—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—cancer in uterus, 1—consumption, 9—convulsions, 3—cholera infantum, 3—cystitis, 1—dysentery, 1—diarrhœa, 1—dropsy, 2—dropsy in the head, 4—debility, 1—puerperal disease, 1—erysipelas, 1—scarlet fever, 1—typhoid fever, 1—gastritis, 1—disease of the heart, 1—hemorrhage, 1—intemperance, 1—insanity, 1—inflammation of the lungs, 1—congestion of the lungs, 3—marasmus, 2—old age, 2—pleurisy, 1—poisoned, 1—rheumatism, 1—scalded, 1—suffocated, 2—teething, 1—thrush, 2—unknown, 1—whooping cough, 1. Under 5 years, 23—between 5 and 20 years, 5—between 20 and 40 years, 17—between 40 and 60 years, 7—above 60 years, 8. Born in the United States, 45—Ireland, 11—other places, 4.

MEDICAL JOURNAL ADVERTISING SHEET.

NEW YORK MEDICAL COLLEGE.—The Annual Course of Lectures will commence on Tuesday, Oct. 20th, 1858, and close in the first week in March, 1859. The preliminary course will continue from September 20th, till the regular course begins.

HORACE GREEN, M.D., LL.D., President of the Faculty, Emeritus Professor of Theory and Practice of Medicine, and Professor of Diseases of the Respiratory Organs. *No. 12 Clinton Place.*

EDWIN HAMILTON DAVIS, M.D., Prof. of Materia Medica and Therapeutics. *No. 324 Fourth Avenue.*
B. FORDYCE BARKER, M.D., Prof. of Obstetrics and the Diseases of Women and Children. *No. 70 Union Place.*

R. OGDEN DOREMUS, M.D., Prof. of Chemistry and Medical Jurisprudence. *No. 70 Union Place.*

J. M. CARNOCHAN, M.D., Prof. of the Principles and Operations of Surgery, with Surgical Pathology. *No. 45 Lafayette Place.*

EDMUND R. PEASLEE, M.D., Prof. of Physiology and General Pathology. *No. 30 Clinton Place.*

HENRY G. COX, M.D., Professor of Theory and Practice of Medicine, and of Clinical Medicine. *No. 524 Houston Street.*

TIMOTHY CHILDS, M.D., Prof. of General, Descriptive, and Microscopic Anatomy.

Fees.—For the regular Course, \$105. Matriculation, \$5. Dissecting Ticket, \$5. Graduation, \$30. There are four weekly Cliniques at the College. Admittance to the Hospitals free.

For particulars in regard to Boarding Houses, &c., apply to the Janitor, Mr. Paterson, at the College, No. 90 East Thirteenth Street.

R. O. DOREMUS, Dean.

New York, August, 1858. Aug. 12—*cowst*

TO THE MEDICAL PROFESSION.—The Subscriber, having resumed the practice of his profession, will devote himself to the diagnosis and treatment of Thoracic Diseases. He will visit for consultation any of the New England States. His office hours, in the city, will be from 11 A.M. until 1 P.M., at 15 Winthrop Place. He will likewise receive private pupils either singly or in classes, for a longer or shorter period.

HENRY I. BOWDITCH.

tf

Boston, Oct. 6, 1852.

TISSUE GUITTA PERCHA—A simple and efficacious remedy for Rheumatism, Gout, Stiff Joints, &c. Sample sent by mail on receipt of fifty cents.

Spongio Piline, an excellent substitute for the common poultice. Its advantages are that it is externally dry and unsoiling, retains its warmth and moisture for a great length of time and is free from unpleasant odor. It may be cleansed in the manner of a common sponge and used many times. Price, \$1.00 per square foot.

Pocket Medicine Cases.

No. 1, Goat Skin, containing 20 two and a half drachm vials, well corked, \$2.50.

No. 2, Goat Skin, containing 16 two drachm vials, well corked, \$2.00.

No. 3, Calf Skin, containing 20 two and a half drachm vials, well corked, \$2.00.

No. 4, Calf Skin, containing 16 two drachm vials, well corked, \$1.50.

These cases are very compact and well protected, and for convenience and durability are unsurpassed.

Either size forwarded by mail on receipt of price and fifty cents to prepay postage.

Galvanic Batteries. A new style of Rotary or Magneto-Electric Machine, embracing several important improvements. Also Acid Batteries of every description.

Goodwin's Splints, Fracture Apparatus.

Amputating, Trepanning, Omnibus, Post-mortem and Minor cases of all kinds.

Ophthalmoscopes.

Cannmann's Stethoscopes.

Auricles for the deaf.

Skeletons, Anatomical Preparations and Charts.

Lewis's, Davidson's, Mattson's, and other Syringes, and a complete assortment of Surgical and Dental Instruments of every description, at wholesale or retail.

(Late B. S. Codman & Co.)

March 11—*tf* 13 Tremont st., Boston.

CITY OF BOSTON.—City Physician's Office and Vaccine Institution, Niles's Block, Court Sq.

Hour for Vaccination, from Twelve to One o'clock, daily. Residence 4 Pemberton Square. At home every day, at 3 o'clock.

HENRY G. CLARK,

City Physician.

May 29—*cowst*

ALBANY MEDICAL COLLEGE. The next term of this Institution will commence on the first Tuesday of September, and continue sixteen weeks. Degrees will be conferred at the close of the Session. Fee for the Course, \$60. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques are held in the College. Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., Prof. of Surgery.
JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Anatomy.

THOMAS HUN, M.D., Prof. of the Institutes of Medicine.

AMOS DEAN, LL.D., Prof. of Medical Jurisprudence.

HOWARD TOWNSEND, M.D., Prof. of Materia Medica.

CHARLES H. PORTER, M.D., Prof. of Chemistry and Pharmacy.

JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics.

J. V. P. QUACKENBUSH, Reg'r.

Albany, April 29, 1858. ap 29—*tf*

MEDICAL ELECTRICITY IN BOSTON.

The Medical Profession are respectfully informed that Dr. GARRATT, 56 Summer st., is giving his entire attention to this branch of medicine. He is prepared to attend patients at their residence with this peculiar Element when required. He is also provided at his office and residence, with more ample apparatus and convenient appliances—some of which are in continual action—for treating all suitable cases of nervous irritability and exalted (polarized) spine, as well as diminished or exhausted nervous energy and debility, by Electricity and its modifications—*secundum artem*—so as to be gentle and agreeable, in most cases, even to the enfeebled and delicate.

The absolute Chariot, as well as the hap-hazard family use of electricity, has for a long time much abused the public confidence. All cases thought to require the aid of this powerful agent, though as opposite as hyperæmia and anemia, have alike been submitted to one and the same little battery treatment. No uniformity of success, nor even safety, could be expected to follow. It is familiar to physicians and surgeons that Elements, from a single one to a great number—intensity, quantity, aura, sparks, rapidity, length of time, and a hundred modified currents from different machines—all have their excellence and appropriate place in the treatment. But, to secure Electricity above and beyond quackery, as a reliable aid to medical practice in time of need—for a class of peculiar cases, occurring more or less in every physician's ride, it must have the positive aid and kindly co-operation of all true medical men. Dr. G. has retired from a general practice of medicine, and devotes himself exclusively to this. Office hours from 8 to 2 and from 3 to 5, at 56 Summer st., in the square, front of Rev. Dr. Dewey's church.

July 22.

PHARMACEUTICAL GRANULES AND DRAGEES (Sugar coated Pills)—of GARNIER, LAMOURIEUX & Co., members of the College of Pharmacy, Paris.

All the pills of the U. S. Pharmacopœia.

All preparations of Iron, Quinine, Santonine, &c.

All the combinations of Copaiba, Cubebs, &c.

All the alkaloids in granules of 1-5 to 1-50 of a gr.

These pills are all covered with a coating of sugar, and present great advantages in the quadruple point of view, of the exactness of the weight of the medicine, of its perfect preservation, its convenient and agreeable administration, and above all, its sensibly increased therapeutic action in the form of Dragees. Agent for the United States,

F. A. REICHARD,

Oct. 21—*1yr*

157 Duane st., New York.

ANTI-CHOLERA.—I. B. PATTEN'S *Disinfecting Fluid*—a valuable means of destroying the infection of Cholera, also of Dysentery, typhus and other Fevers; for purifying Pails, Faults, Cess-pools, and all foul and infectious places. It is quicker and more certain than other similar articles, and exhales no odor of its own, as Labarraque's and others do. Prepared and for sale only by

I. BARTLETT PATTEN, Druggist,

32 Harrison Avenue, cor. of Beach st.

Sept. 2—*tf*

MEDICAL JOURNAL ADVERTISING SHEET.

MEDICAL LECTURES OF HARVARD UNIVERSITY.—The Introductory Lecture will be delivered at the Massachusetts Medical College on Wednesday, Nov. 3d, at 12 o'clock, by JOHN BACON, M.D., Professor of Chemistry.

Physicians, and gentlemen interested in Medical Science, are respectfully invited to attend.

D. HUMPHREYS STORER,
Oct. 28. *Dean of the Faculty*

MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.—The Massachusetts Medical Benevolent Society will hold its annual meeting at the rooms of the Massachusetts Medical Society, Savings Bank Building, No. 12 Temple Place, Boston, on Thursday, Oct. 28th, 1858, at 4 o'clock, P. M. Tickets for the supper, at two dollars each, may be obtained of Dr. FRANCIS MINOT, Chairman of the Committee of Arrangements, at No. 140 Charles st., or of the Secretary, at 33 Essex st.

Members intending to be present at the supper are requested to give notice to that effect on or before Tuesday, Nov. 2d.

Names of candidates for Membership may be presented at this meeting, if previously forwarded to the Secretary for approval by the Council.

HENRY W. WILLIAMS, Sec'y.

Oct. 21—2t

Postponement of the Annual Supper.—The Annual Supper is postponed for one week, and will take place on Thursday, Nov. 4th, at the Revere House, at 8 o'clock P. M. Oct. 28.

MUTUAL LIFE INSURANCE.—The New England Mutual Life Insurance Company (Office Company's Building, State st., corner of Congress st., Boston) insures lives on the mutual principle.

Accumulation—over \$870,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested.

The business conducted exclusively for the benefit of the persons insured.

The greatest risk taken on a life, \$15,000.

Surplus distributed among the members every fifth year, from Dec. 1, 1843.

Premiums may be paid quarterly or semi-annually, where desired, and amounts not to fall.

Forms of application and pamphlets of the Company, and its reports, to be had of its agents, or at the office of the Company, or forwarded by mail, if written for, post-paid.

DIRECTORS.

Willard Phillips, President.

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M. P. Wilder,	Charles Hubbard,
Thomas A. Dexter,	A. W. Thaxter, Jr.

BENJAMIN F. STEVENS, Sec'y.

J. HOMANS, M.D., Consulting Physician.
May 14.

INFIRMARY FOR DISEASES OF THE NERVOUS SYSTEM.—Dr. RUFUS WOODWARD, of Worcester, Mass., will open an Institution for the private treatment of this class of diseases, on the 1st of October, 1858. The House was formerly used for a water cure, and is abundantly supplied with apparatus for bathing, is pleasantly situated, and well warmed and ventilated. Dr. Woodward refers by permission to

Dr. LUTHER V. BELL,	Charlestown,
Hon. EMORY WASHBURN,	Cambridge,
Hon. JOHN S. C. KNOWLTON,	Worcester,
Wm. B. Fox, Esq.,	Worcester,
Dr. MARSHALL S. PERRY,	Boston,
Dr. D. HUMPHREYS STORER,	Boston,
Dr. ALFRED HITCHCOCK,	Fitchburg,
Dr. CHARLES WOODWARD,	Middletown, Ct.
Dr. GEORGE WANDLER,	Worcester,
Dr. MERRICK BEMIS,	"
Hon. CHARLES ALLEN,	"
ALONZO HILL, D.D.,	"
Dr. JOSEPH SARGENT,	"
Dr. ORAMEL MARTIN,	"
Dr. HENRY CLARKE,	"
Dr. THOMAS H. GAGE,	"

Oct. 21—3m

RADICAL CURE OF HERNIA.—Dr. HEATON continues to cure Hernia or Rupture in all its forms, by his safe, effectual, and comparatively painless mode of operation. He also attends to female complaints—to the treatment and cure of Varicocele, Hydrocele, Hemorrhoids, &c. &c.

Patients from the country received as heretofore, at 72 Lincoln street. Consultations from 8 to 10 A.M., and from 3 to 4 P.M., daily, at his residence No. 2 Exeter Place, Boston. May 3—cop't

TO PHYSICIANS.—Dr. J. R. NICHOLS, Manufacturing Chemist, has removed from Tremont to No. 7 Central street, and associated with him in business Mr. H. S. MOODY, an experienced Pharmacist.

The attention of medical men in New England is respectfully called to articles of our manufacture, consisting in part of the medicinal Hypophosphite Salts and Syrups; the Syrup of Phosphates; Phosphates of Zinc, Iron, Manganese. Nitrate of Silver; Iodide of Starch; Citrate of Iron and Strychnia; Citrate of Magnesia; Iodide of Iron; Sulphate of Morphia; Unchangeable Solution of Protoxide of Iron; Protoxide of Iron with Valerianate of Ammonia; Sulphuric Ether, Chloric Ether, Spirits Ether Nitras, &c. &c.

The establishment of a Pharmaceutical Laboratory in Boston it is believed will meet with encouragement from Physicians, and they may be assured that all medicines bearing our name, shall be of the strictest purity and of true official character.

References.—Prof. Horsford, Cambridge, and Prof. Chadbourn, Williams's College, Chemists; T. Metcalf & Co. and T. Resteiau, Pharmacists, Boston. Oct. 14—ly

QUERU'S COD-LIVER OIL JELLY.—Approved by the New York Academy of Medicine, June 3d, 1857, contains 85 per cent. pure oil. This jelly can be eaten and no taste of the oil perceived. All the virtues of the oil are retained in it, and not only all retained, but increased; as being taken into the stomach in a semi-fluid state, it is slowly dissolved, and its digestion and assimilation are complete. Invented and prepared solely by E. QUERU, Practical Chemist, 135 Fourth Avenue, New York.

PENFOLD, CLAY & CO., General Agents,

No. 4 Fletcher st., New York.

CHARLES T. CARNEY,

(Wholesale Druggist) Sole Agent,

July 29—6m

138 Washington st., Boston.

QUACKERY UNMASKED: Or a Consideration of the most prominent Empirical Schemes of the present time, with an Enumeration of some of the Causes which contribute to their support. By Dan King, M.D. This work is intended for general as well as professional readers, and is an excellent one for medical men to recommend and introduce among their acquaintance. It consists of 334 duodecimo pages, neatly printed on fine paper and handsomely bound, and is suitable to be placed in the drawing room or library of the most fastidious.

The printed "Contents" show that the first chapter is devoted to a brief sketch of Medical History; the next thirteen chapters treat of Homoeopathy; Chap. 15, of Hydropathy; 16, Thomsonism; 17, Female Physicians; 18, Indian Medicine; 19, Eclecticism; 20, Chrono-Thermalism; 21, Natural Bone-Setters; 22, The Press; 23, Female Influence; 24, Professional Discord; 25, Clerical Influence; 26, Vagrant Quacks; 27, Nostrum Recommendations; 28, Allopathy; 29, Low Standard of Professional Acquirements; 30, Insufficiency of Medicine to accomplish all that the Public require; 31, Reflections. Price One Dollar.

The book will be sent by mail, postage paid, on the receipt at this office of the money and address. June 3—tf

PHYSICIAN'S DAILY ACCOUNT BOOK.—

A new form of Account Book, prepared expressly for the use of Physicians, comprising in one volume, Day Book, Cash Book and Ledger, is now for sale at this office. To suit the convenience of individuals, three sizes are furnished, at the following prices:—Small size, \$2; medium, \$3; large, \$4.

Orders, with the amount enclosed, may be forwarded by mail to the publisher of this Journal. The book can in most cases be more economically sent by express, and will be promptly forwarded in that way, or as the purchaser may direct. Aug. 14.

DR. J. H. DIX has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.

Dec. 24, 1857.

PLANTS OF BOSTON.—Wanted, a copy of Dr. Bigelow's *Florida Bostoniensis*, or *Plants of Boston*, last edition, for which the full price will be paid at this office. Oct. 21—3t

